

DEFENDANTS' EXHIBIT 44:



THE DISINFORMATION DOZEN

**WHY PLATFORMS MUST ACT ON TWELVE
LEADING ONLINE ANTI-VAXXERS**

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The Center for Countering Digital Hate is a not-for-profit NGO that seeks to disrupt the architecture of online hate and misinformation.

Digital technology has changed forever the way we communicate, build relationships, share knowledge, set social standards, and negotiate and assert our society's values.

Digital spaces have been colonised and their unique dynamics exploited by fringe movements that instrumentalise hate and misinformation. These movements are opportunistic, agile and confident in exerting influence and persuading people.

Over time these actors, advocating diverse causes - from anti-feminism to ethnic nationalism to denial of scientific consensus - have formed a Digital Counter Enlightenment. Their trolling, disinformation and skilled advocacy of their causes has resocialised the offline world for the worse.

The Center's work combines both analysis and active disruption of these networks. CCDH's solutions seek to increase the economic, political and social costs of all parts of the infrastructure - the actors, systems and culture - that support, and often profit from hate and misinformation.

Anti-Vax Watch

Anti-Vax Watch is an alliance of concerned individuals who are seeking to educate the American public about the dangers of the anti-vax industry.

As the anti-vaccine industry actively seeks to undermine the rollout of the COVID vaccine - capitalizing on a heightened sense of hesitancy from the public and targeting communities of color who have already been disproportionately impacted by the pandemic - we recognize that this is an all-hands-on-deck moment. We believe we must join together to bring science and facts to the forefront and alert the public to the dangerous agenda of anti-vaccine leaders.

Our efforts center around bringing to light the nefarious activities of the anti-vaccine industry and working with leading experts to dispute their falsehoods and non-medical disinformation with science, research and expert analysis. Our goal is to support the efforts of leading health experts, pro-vaccine researchers and educators, civil rights and business organizations, and others who, like us, recognize the importance of raising awareness of the science of vaccines.

Introduction

We are in the middle of the deadliest US public health crisis in more than a century. Covid-19 has killed more than 500,000 Americans and undermined the livelihood of millions of American workers and families. The virus has had a particularly devastating impact on Black, Latino, and Native American communities, all of whom are suffering severe illness and death from COVID-19 at rates far greater than the general population.¹ Compounding this crisis, vaccination rates in communities of color have also lagged those for whites, and skepticism and distrust of the vaccines are greater in these marginalized communities.²

With widespread distribution of coronavirus vaccines, we have an opportunity to turn a corner on the pandemic. Our recovery depends on the public's willingness to receive a vaccine. However, researchers are increasingly connecting misinformation disseminated via social media to increased vaccine hesitancy, which will ultimately cause unnecessary deaths.³

Living in full view of the public on the internet are a small group of individuals who do not have relevant medical expertise and have their own pockets to line, who are abusing social media platforms to misrepresent the threat of Covid and spread misinformation about the safety of vaccines. According to our recent report, anti-vaccine activists on Facebook, YouTube, Instagram and Twitter reach more than 59 million followers, making these the largest and most important social media platforms for anti-vaxxers.⁴ Our research has also found anti-vaxxers using social media platforms to target Black Americans, exploiting higher rates of vaccine hesitancy in that community to spread conspiracies and lies about the safety of Covid vaccines.⁵

Facebook, Google and Twitter have put policies into place to prevent the spread of vaccine misinformation; yet to date, all have failed to satisfactorily enforce those policies. All have been particularly ineffective at removing harmful and dangerous misinformation about coronavirus vaccines, though the scale of misinformation on Facebook, and thus the impact of their failure, is larger. Further, they have all failed to remove the accounts of prominent anti-vaxxers who have repeatedly violated their terms of service, as documented in later sections of this report.

Imran Ahmed
CEO, CCDH

Executive Summary

1. The Disinformation Dozen are twelve anti-vaxxers who play leading roles in spreading digital misinformation about Covid vaccines. They were selected because they have large numbers of followers, produce high volumes of anti-vaccine content or have seen rapid growth of their social media accounts in the last two months.
2. Analysis of a sample of anti-vaccine content that was shared or posted on Facebook and Twitter a total of 812,000 times between 1 February and 16 March 2021 shows that 65 percent of anti-vaccine content is attributable to the Disinformation Dozen.
3. Despite repeatedly violating Facebook, Instagram and Twitter's terms of service agreements, nine of the Disinformation Dozen remain on all three platforms, while just three have been comprehensively removed from just one platform.
4. This is the product of a series of failures from social media platforms:
 - a. Research conducted by CCDH last year has shown that platforms fail to act on 95 percent of the Covid and vaccine misinformation reported to them.
 - b. CCDH's recent report, Malgorithm, uncovered evidence that Instagram's algorithm actively recommends similar misinformation.
 - c. Tracking of 425 anti-vaccine accounts by CCDH shows that their total following across platforms now stood at 59.2 million in December, an increase of 877,000 more than they had in June.
 - d. CCDH's ongoing tracking shows that the 20 anti-vaxxers with the largest followings account for over two-thirds of this total cross-platform following of 59.2 million.
5. Analysis of anti-vaccine content posted to Facebook over 689,000 times in the last two months shows that up to 73 percent of that content originates with members of the Disinformation Dozen of leading online anti-vaxxers.
6. Facebook's own internal analysis of vaccine hesitant content on its platform is likely to underestimate the influence of leading anti-vaxxers by failing to address the ultimate source of this content, and by the recorded failure of its algorithms to identify content concerning vaccines.
7. Analysis of over 120,000 anti-vaccine tweets collected in the last two months shows that up to 17 percent feature the Disinformation Dozen of leading online anti-vaxxers.
8. The most effective and efficient way to stop the dissemination of harmful information is to deplatform the most highly visible repeat offenders, who we term the Disinformation Dozen. This should also include the organisations these individuals control or fund, as well as any backup accounts they have established to evade removal.
9. Platforms should establish a clear threshold for enforcement action, such as two strikes, after which restrictions are applied to accounts short of deplatforming them.
10. Users should be presented with warning screens when attempting to follow links to sites known to host vaccine misinformation, and users exposed to posts containing misinformation should be shown effective corrections.
11. Facebook should not allow private and secret anti-vaccine Groups where dangerous anti-vaccine disinformation can be spread with impunity.

The Disinformation Dozen are responsible for up to 65% of anti-vaccine content

At the outset of this research, we identified a dozen individuals who appeared to be extremely influential creators of digital anti-vaccine content. These individuals were selected either because they run anti-vaccine social media accounts with large numbers of followers, because they produce high volumes of anti-vaccine content or because their growth was accelerating rapidly at the outset of our research in February. Full profiles of each are available at the end of this report.

1. Joseph Mercola
2. Robert F. Kennedy, Jr.
3. Ty and Charlene Bollinger
4. Sherri Tenpenny
5. Rizza Islam
6. Rashid Buttar
7. Erin Elizabeth
8. Sayer Ji
9. Kelly Brogan
10. Christiane Northrup
11. Ben Tapper
12. Kevin Jenkins

The Disinformation Dozen are responsible for up to 65% of anti-vaccine content

Our analysis of over 812,000 posts extracted from Facebook and Twitter between 1 February and 16 March 2021 shows that 65 percent of anti-vaccine content is attributable to the Disinformation Dozen.

This shows that while many people might spread anti-vaccine content on social media platforms, the content they share often comes from a much more limited range of sources. Exposure to even a small amount of online vaccine misinformation has been shown by the Vaccine Confidence Project to reduce the number of people willing to take a Covid vaccine by up to 8.8 percent.⁶

Platforms have failed to act on the Disinformation Dozen

Despite repeatedly violating Facebook, Instagram and Twitter's terms of service agreements, nine of the Disinformation Dozen remain on all three platforms, while just three have been comprehensively removed from just one platform.

This is an extension of platforms' failure to act on vaccine misinformation. Research conducted by CCDH last year has shown that platforms fail to act on 95 percent of the Covid and vaccine misinformation reported to them, and we have uncovered evidence that Instagram's algorithm actively recommends similar misinformation.⁷

Tracking of 425 anti-vaccine accounts by CCDH shows that their total following across platforms now stands at 59.2 million as a result of these failures.⁸ The 20 anti-vaxxers with the largest followings account for over two-thirds of this total.

The Disinformation Dozen account for up to 73% of Facebook's anti-vaxx content

Analysis of anti-vaccine content posted to Facebook over 689,000 times in the last two months shows that up to 73 percent of that content originates with members of the Disinformation Dozen of leading online anti-vaxxers.

This analysis is based on a representative sample of 483 pieces of anti-vaccine content that are known to be circulating in anti-vaccine Facebook Groups.

We collected this sample by analyzing anti-vaccine posts containing URL links from 10 private and 20 public anti-vaccine Facebook Groups between 1 February and 16 March 2021. Groups in this sample have between 2,500 and 235,000 members and generate up to 10,000 posts per month.

Vaccination Re-education Discussion Forum

Private group · 236.0K members

The largest anti-vaccine Facebook Group now has 236,000 members.

Researchers then analyzed the content of these URL links, tagging each of them to indicate whether they contained a member of the Disinformation Dozen or originated from a website controlled by or related to one of those members. For example, URL links to articles hosted on Robert F. Kennedy, Jr.'s Children's Health Defense website were attributed to Kennedy, Jr.

Finally, in order to establish the full distribution of this content on Facebook, we used Facebook's own CrowdTangle analytics tool to establish how many times these URLs have been shared on the platform.



This article by Joseph Mercola is from our sample of posts in anti-vaccine Facebook Groups. Facebook's CrowdTangle analytics tool shows it was shared over 12,000 times on the platform.

This revealed that the anti-vaccine content in our sample had been posted or shared across Facebook a total of 689,404 times. Content attributed to members of the Disinformation Dozen had been posted or shared 503,896 times, representing 73.1 percent of the total anti-vaccine posts represented by our sample.

Facebook is underestimating the influence of leading anti-vaxxers

Recent reports suggest that Facebook conducted its own internal analysis to understand the spread of vaccine hesitant content on its platform.⁹

According to these reports, Facebook's data scientists discovered that just 10 out of 638 population segments contained 50 percent of all vaccine hesitancy content on the platform. These segments represented distinct types of users, Groups and Pages that could each be at least each 3 million people.

Facebook also found that in the population segment containing the most vaccine hesitancy, just 111 individual users contributed half of all vaccine hesitant content.

These findings corroborate our research showing that just a small number of determined anti-vaxxers are responsible for much of the anti-vaccine content on Facebook, but Facebook is likely to be under-representing the concentration of the problem for two reasons.

Facebook does not address the sources of anti-vaccine content

Facebook's internal research does not seem to examine the ultimate source of "vaccine hesitant content" on its platform. This means that posts that share someone else's vaccine hesitant content are attributed to the individual users that share that content, instead of the ultimate source. In this case, Facebook would attribute 12,000 shares of an anti-vaccine article from Joseph Mercola's website to the individual users who shared it, instead of Mercola himself.

This approach is also in keeping with Facebook's failure to recognise the real-world connections between accounts, for example by deplatforming the Instagram accounts of some anti-vaxxers while leaving their Facebook and organisational accounts intact, as was the case with Robert F. Kennedy, Jr.

Facebook's algorithms struggle to identify vaccine content

The Center for Countering Digital Hate's previous report, Malgorithm, showed that Instagram's algorithm would not always identify posts that contained content about vaccines, and so many posts about vaccines would not carry information labels as intended.¹⁰ Facebook is reported to have carried out this internal research using similar "software algorithms", meaning it may have missed significant amounts of vaccine hesitant content. It also makes it far less likely that Facebook has developed algorithmic methods of distinguishing between individual expressions of vaccine hesitancy and the organised vaccine disinformation that this report examines.

Up to 17% of anti-vaccine tweets feature the Disinformation Dozen

Analysis of over 120,000 anti-vaccine tweets collected in the last two months shows that up to 17 percent feature the Disinformation Dozen of leading online anti-vaxxers.

This analysis is based on a representative sample of 123,494 anti-vaccine tweets identified by analysis of their text contents.

We collected this sample using Brandwatch, an enterprise social listening tool, to extract anti-vaccine tweets posted between 1 February and 16 March 2021 based on text analysis. Retweets and quote tweets were also extracted to discover which pieces of anti-vaccine content were shared most frequently.

Tweets were selected based on their use of anti-vaccine keywords, phrases and hashtags, as well as selecting tweets about vaccines from known anti-vaxxers including those who are not members of the Disinformation Dozen. This process selected tweets using phrases commonly used by anti-vaxxers such as “informed consent” and “casedemic” in combination with more common terms regarding Covid vaccines.

This sample was then analysed using an automated set of rules to tag those that featured the name or username of a member of the Disinformation Dozen, or contained a link to a website controlled by or related to one of them.

Tweets that were extracted and tagged using these methods were then checked by researchers on a daily basis to maintain the quality of our data.

This analysis showed that 21,351 of the tweets in our sample featured members of the Disinformation Dozen equivalent to 17.3% of the whole sample.



An example tweet from our sample in which Rizza Islam, a member of the Disinformation Dozen, promotes an anti-vaccine film featuring Robert F. Kennedy Jr.



This tweet from our sample was identified by its use of the words “rona”, “vaccine” and “plandemic”.

Platforms must act on the Disinformation Dozen

Social media companies must now follow their repeated promises with concrete action. Updated policies and statements hold little value unless they are strongly and consistently enforced.

With the vast majority of harmful content being spread by a select number of accounts, removing those few most dangerous individuals and groups can significantly reduce the amount of disinformation being spread across platforms.

The public cannot make informed decisions about their health when they are constantly inundated by disinformation and false content. By removing the source of disinformation, social media platforms including Facebook, Instagram and Twitter can enable individuals to make a truly informed choice about vaccines.

Deplatform the Disinformation Dozen

The most effective and efficient way to stop the dissemination of harmful information is to deplatform the most highly visible repeat offenders, who we term the Disinformation Dozen. This should also include the organisations these individuals control or fund, as well as any backup accounts they have established to evade removal.

1. Joseph Mercola
2. Robert F. Kennedy, Jr.
3. Ty and Charlene Bollinger
4. Sherri Tenpenny
5. Rizza Islam
6. Rashid Buttar
7. Erin Elizabeth
8. Sayer Ji
9. Kelly Brogan
10. Christiane Northrup
11. Ben Tapper
12. Kevin Jenkins

Deplatform key anti-vaxxer organisations

In addition to deplatforming the personal accounts of the Disinformation Dozen, platforms must also acknowledge the real-world networks they use to spread their anti-vaccine messages. This means deplatforming key organisations that are linked to the Disinformation Dozen or simply help spread their messages.

- Children's Health Defense (Robert F. Kennedy, Jr.)
- Informed Consent Action Network (ICAN) (Del Bigtree)
- National Vaccine Information Center (NVIC) (Barbara Loe Fisher, Joseph Mercola)
- Organic Consumers Association (OCA) (Joseph Mercola)
- Millions Against Medical Mandates

Platforms must do more to protect users from harmful misinformation

In addition to removing repeat offenders, in taking the following steps, social media platforms can make monumental strides toward decreasing the presence of misinformation on feeds.

Establish a clear threshold for enforcement action

A low threshold, such as two strikes, would allow for moderate enforcement that does not rise to the level of removal, such as restriction of a page's ability to go live or post video content without moderated review. Such an approach could allow for efficient balancing of harm reduction with the preservation of free speech on a large scale.

Display corrective posts to users exposed to disinformation

Serve users who have been exposed to content deemed to be in violation of the policy with corrective posts from trusted providers at three times the frequency at which they consumed misinformation. These corrective posts should be designed with input from experts to ensure that they help address the negative social consequences of misinformation such as vaccine hesitancy without inadvertently entrenching their opinions through the "backfire effect".¹¹

Add warning screens when users click links to misinformation sites

Add a warning screen in front of third-party websites housing content associated with vaccine misinformation profiteering. Additionally, platforms should stand up a task force to maintain awareness of trends in vaccine misinformation dissemination and provide updated recommendations as needed.

Institute an Accountability API

Institute an Accountability API to allow experts on sensitive and high-importance topics to perform the human analysis that will ultimately make Facebook's AI more effective. Platforms can also offer guidance for users wishing to debunk information without running afoul of enforcers.

Ban private and secret anti-vaccine Facebook Groups

Ban private groups that traffic primarily in vaccine disinformation and prevent groups that require a Facebook disclaimer from existing as private or secret Groups. Anti-vaxxers rely on the privacy of these Groups to spread dangerous anti-vaccine disinformation with impunity.

Appendix: The Disinformation Dozen

The following profiles of the Disinformation Dozen collate their current access to Facebook, Twitter and Instagram; key biographical details; and examples of their content and posts which breach platform standards.

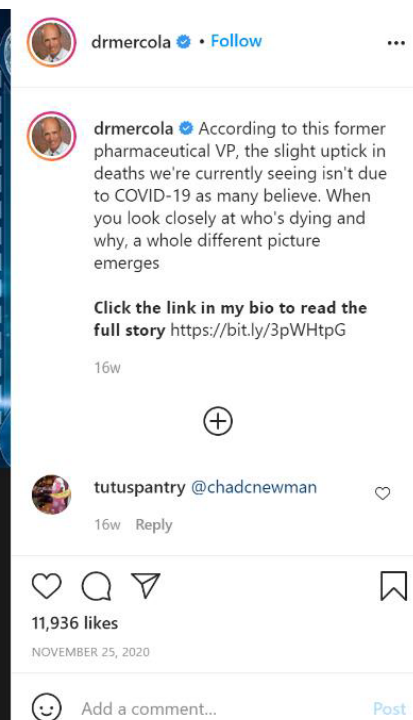
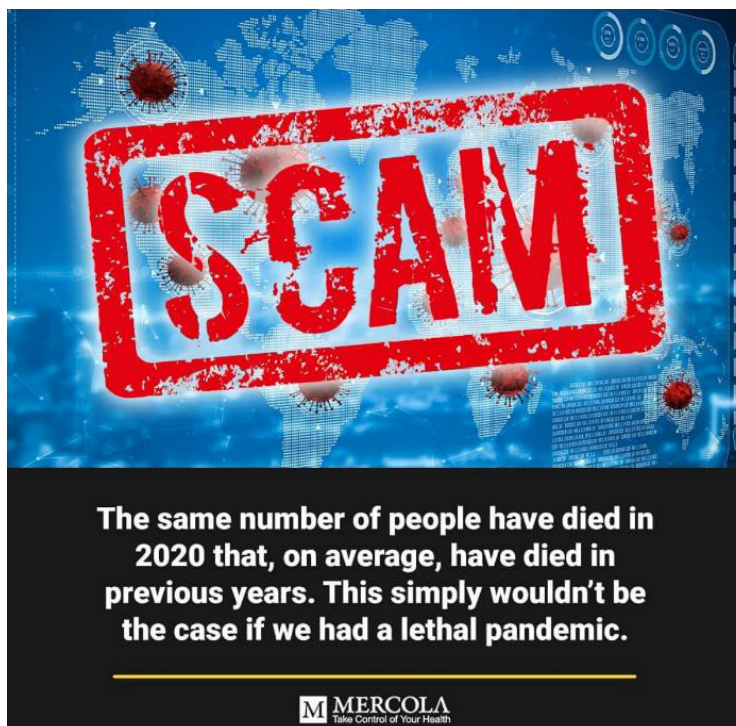
1 Joseph Mercola

Facebook: **Active**
Twitter: **Active**
Instagram: **Active**



Joseph Mercola is a successful anti-vaccine entrepreneur, peddling dietary supplements and false cures as alternatives to vaccines. Mercola's combined personal social media accounts have around 3.6 million followers.

Example Violations





This Mercola article included in our sample of URLs posted in anti-vaccine Facebook Groups claims that “hydrogen peroxide treatment can successfully treat most viral respiratory illnesses, including coronavirus” has been shared on Facebook 4,600 times.

Could Hydrogen Peroxide Treat Coronavirus?

Analysis by [Dr. Joseph Mercola](#) ✓ Fact Checked

April 09, 2020

[< Previous](#)

[Next >](#)



2 Robert F. Kennedy Jr.

Facebook: **Active**
Twitter: **Active**
Instagram: **Part Removed**



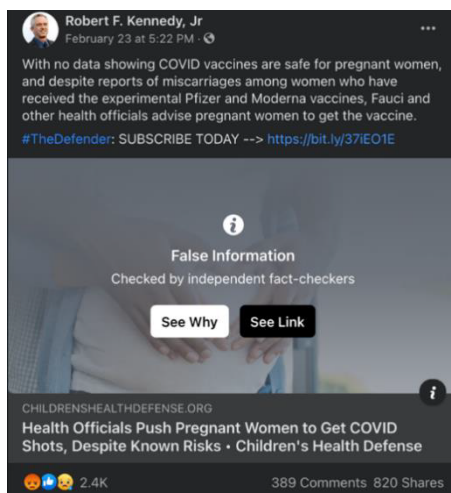
Kennedy is a long-standing anti-vaxxer, and his Children's Health Defense (CHD) hosts a range of anti-vaccine articles.

Kennedy's account was banned from Instagram on 8 February, yet his Facebook Page remains active, as does the CHD's Instagram page.

Kennedy and [Children's Health Defense released a film](#) in mid-March targeting members of the Black and Latino communities with tailored anti-vaccine messages. Facebook and Twitter continue to allow him a platform to promote these false claims.

Example Violations

Robert F. Kennedy Jr. shared [this post](#) which contains misinformation about Covid vaccines posing a threat to pregnant women.



A [misleading claim](#) that Hank Aaron's death was "part of a wave of suspicious deaths" remains available with a "missing context" label, despite the Medical Examiner confirming no association.



[Here](#) and [here](#), Kennedy promotes misinformation linking Covid vaccines to deaths.



Robert F. Kennedy, Jr
January 15 · 🌐

READ + SHARE this excellent account on COVID vaccine-related adverse events, ranging from life-threatening anaphylaxis to death.



CHILDRENSHEALTHDEFENSE.ORG

Tip of the Iceberg? Thousands of COVID Vaccine Injuries and 13 Deaths Reported in December Alone • Children'...

Robert F. Kennedy, Jr
February 14 at 10:49 AM · 🌐

These numbers reflect the latest data available as of Feb. 4 from the CDC's Vaccine Adverse Event Reporting System website. Of the 653 reported deaths, 602 were from the U.S. The average age of those who died was 77, the youngest was 23.



CHILDRENSHEALTHDEFENSE.ORG

653 Deaths + 12,044 Other Injuries Reported Following COVID Vaccine, Latest CDC Data Show • Children's Health Defense

i Missing Context. Independent fact-checkers say this information could mislead people.

See Why

👍👎👏 2.7K 673 Comments 1.6K Shares

3 Ty & Charlene Bollinger

Facebook: **Active**

Twitter: **Active**

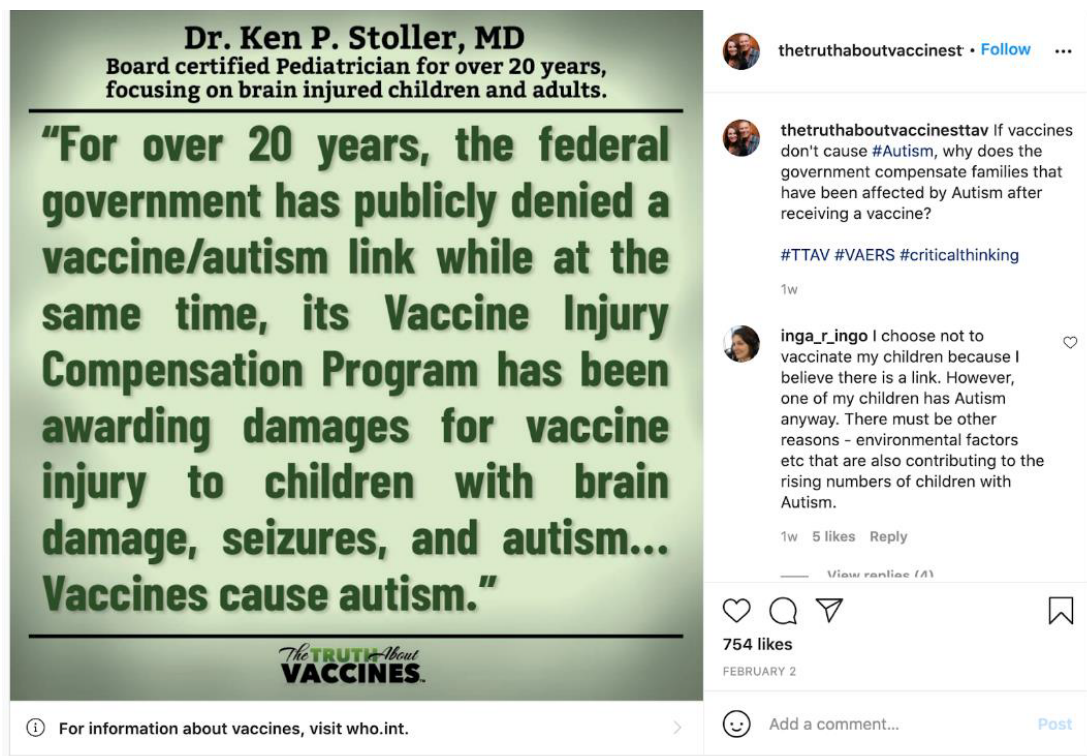
Instagram: **Active**



Ty and Charlene Bollinger are anti-vax entrepreneurs who run a network of accounts that market books and DVDs about vaccines, cancer and COVID-19. In 2020 they launched the United Medical Freedom Super PAC ahead of last year's United States elections.

The Bollingers have [promoted](#) the conspiracy theory that Bill Gates plans to inject everyone with microchips as part of a vaccination program.

Example Violations



Promoting a [debunked story](#) which claims that the Covid vaccine is responsible for several deaths in Senegal.

COVID-19 Vaccine Killed Seven Children in Senegal, Africa



by Alter Picar 17 hours ago



1 1.1k views



0

[@thetruthaboutvaccinesttav](#)



The Truth About Vaccines Docu-Series
10 April 2020 · 🌐

👍👍👍 7



Like



Comment



Share



Write a comment...



The Bollingers have also posted content that violates platform standards on election misinformation. [This](#) post falsely claims the US Presidential election was “stolen” and promotes the rally the Bollingers spoke at on 6 January.

Join us in DC on Jan 6



Ty Charlene Bollinger

1h · 🌐

Our internet is finally back up here in Nashville after the Christmas day bombing. They will stop at nothing to steal this election and America. Be assured that they will not win. Ty and I will be in DC on Jan 6th speaking. We hope you will be there with us! [#StopTheSteal](#) [#MAGA](#) [#Trump2020](#)

👍👍👍 442

22 Comments 21 Shares

4 MORE
years



ty.charlene.bollinger · Follow



ty.charlene.bollinger Come join us in DC on Jan 6th. Ty and I will be speaking with some of our good friends: [#RogerStone](#) [@joyvilla](#), [@mikkiallenwillis](#), [@lori_martin_gregory](#), [@highwiretalk](#), and more! Let us know if you are coming. And come by to say hello and get a picture with us. 🇺🇸🇺🇸🇺🇸 [#MAGA](#) [#StopTheSteal](#) [#Trump2020](#) [#Freedom](#)

8w



modelcarolalt 🇺🇸🇺🇸🇺🇸

8w 2 likes Reply



rosiecharleslopez We are with you !



4,546 views

DECEMBER 27, 2020



Add a comment...

Post

4 Sherri Tenpenny

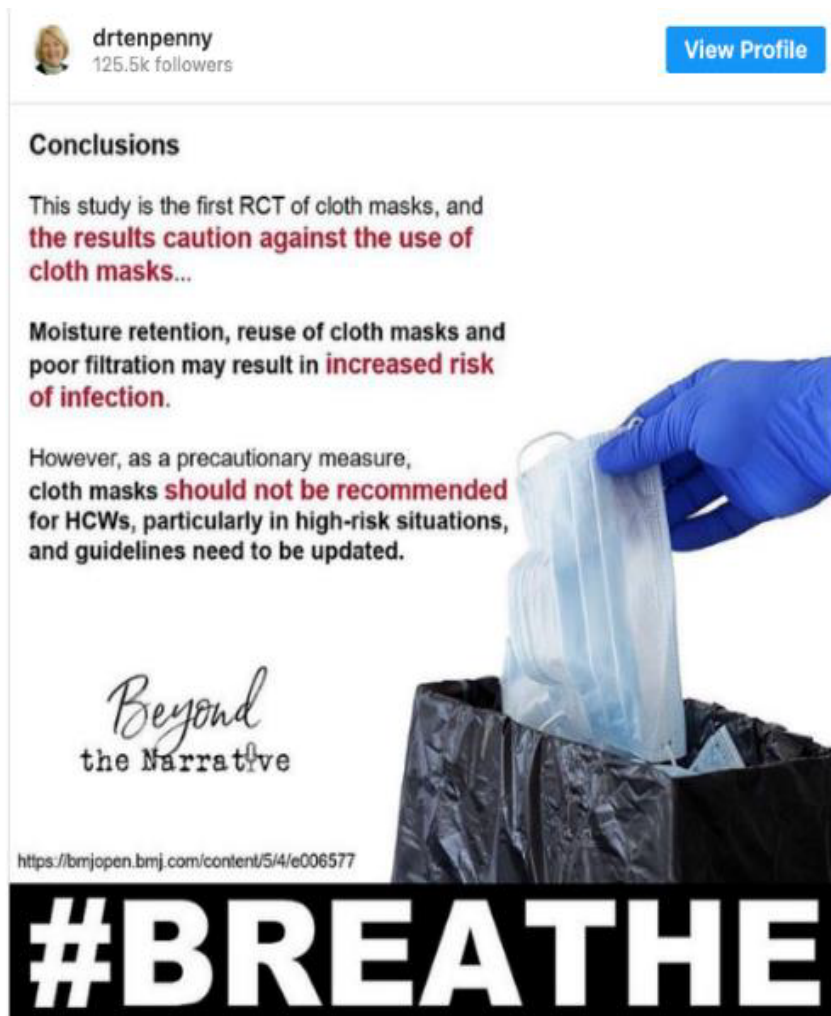
Facebook: **Part Removed**
Twitter: **Active**
Instagram: **Active**



Sherri Tenpenny is an osteopath physician who spreads anti-vaccine sentiment and false claims about the safety and efficacy of masks via her social media channels. While her Facebook account has been removed, her Twitter and Instagram are still intact.

Example Violations

Facebook's policies state that false claims about the safety and efficacy of masks are prohibited. Tenpenny, who regularly advocates against mask-wearing, is clearly in violation of that policy [here](#).



On 23 June 2020 Sherri Tenpenny [tweeted](#) that the longer you wear a mask, the more unhealthy you get. Tenpenny alleged that masks suppress your immune system.



Dr Sherri Tenpenny
@BusyDrT

...

The [#MaskAgenda](#) has nothing to do with health and everything to do with control & suppressing your [#immunesystem](#). The longer you wear one, the more unhealthy you become.



USAVET!!! @USAVET6 · Jun 23, 2020

Hillsborough County I HAVE BEEN UP IN PANHANDLE AREA FOR TWO WEEKS AND BASICALLY NO ONE WEARS MASKS!! THEY HAVE THE LOWEST CASES AND THE LOWEST DEATHS!! EXPLAIN THAT LITTLE SHEEP!! KEEP DRINKING THE KOOL AID!!!

[Show this thread](#)

7:27 PM · Jun 23, 2020 · Twitter Web App

Tenpenny [also posts](#), “Stop getting tested. If you are getting tested you are part of the problem.” This clearly violates Facebook’s policy against claims that can discourage someone from getting a government-approved COVID-19 test.



drtenpenny
Ohio, USA

[View Profile](#)



Kulvinder Kaur MD @dockaurG · 8h

...

▶ On Dec 14, 2020, even the political WHO issued a public warning re “elevated risk for false SARSCoV2 results” with PCR tests used for detection of SARSCoV2. The WHO recommended “manually” adjusting “high Ct values” and providing “Ct value in the report”.



WHO Information Notice for IVD Users
who.int

[View More on Instagram](#)

After Instagram took down an Instagram Live with disgraced former doctor Andrew Wakefield, Tenpenny took to Instagram again with Wakefield with a video where Wakefield calls COVID-19 an “alleged plague,” and errantly discusses a vaccine that “has killed more children than it has saved from the targeted disease.” [This video alone](#) contains numerous violations of Facebook’s stated policies yet remains available despite Instagram seeing fit to remove it the first time it was posted.



5 Rizza Islam

Facebook: Removed
Twitter: **Active**
Instagram: **Active**



Rizza Islam's anti-vaccine posts aim to spread vaccine hesitancy amongst African Americans. While Facebook removed Rizza Islam's Facebook Page in February, he continues to post anti-vaccine messages from his Instagram and Twitter accounts.

Example Violations

Rizza Islam promoted the false conspiracy theory that COVID vaccines make women infertile in a [tweet](#) last June.



Rizza Islam
@IslamRizza



Now it has been SAID that a whistleblower at [#glaxosmithkline](#) just tested their new [#COVID19](#) vaccine on 63 women in the UK and made 61 of them infertile! Sanofi's S-protein [#Covid_19](#) antigen and GSK's pandemic adjuvant technology. This information is currently being confirmed.

8:46 PM · Jun 18, 2020 · Twitter for Android

Rizza Islam recently [tweeted](#) that he recovered from COVID in 48 hours by following a special diet.



Rizza Islam
@IslamRizza

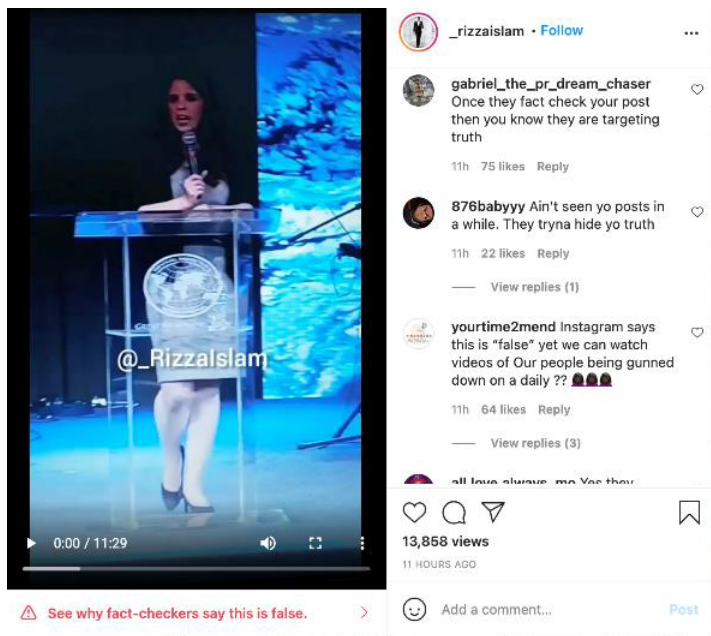


I BEAT [#COVID](#) in 48 hours. This was how; 1. No solid foods only hot soups with vegetable broth, no dairy, lots of spices including turmeric & cayenne pepper. 2. Roughly 2 gallons of water each day=4 gallons of water that i drank in 2 days. 3. 4,000 mgs of vit. C every 4 hours. 🖐️

12:31 AM · Feb 3, 2021 · Twitter for Android



In this February 2021 post, Islam posts a video which contains the claim that vaccines cause autism in higher rates in non-white children.



This post claims that “Satan” is behind the COVID vaccine and discourages audience members from receiving the vaccine.

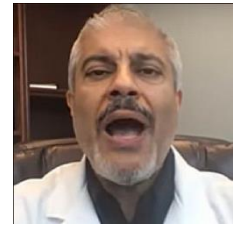


[In this February 2021 post](#), Islam suggests that Bill Gates had a role in planning the pandemic.



6 Rashid Buttar

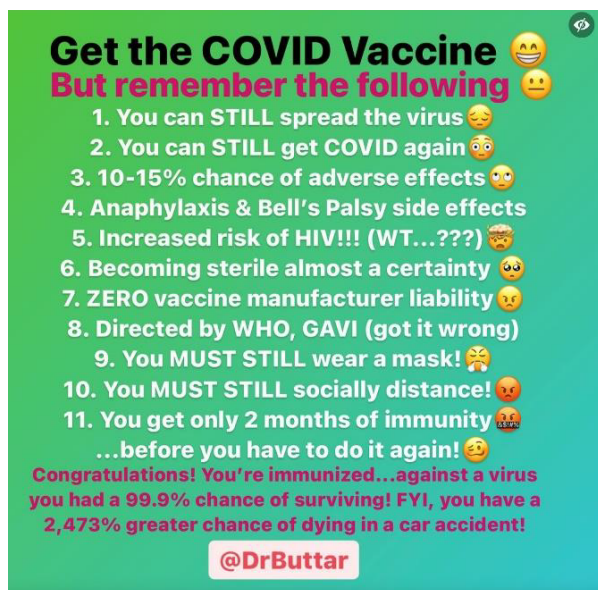
Facebook: **Active**
Twitter: **Active**
Instagram: **Active**



Rashid Buttar is an osteopath physician and conspiracy theorist known for [videos](#) posted to his YouTube channel.

Example Violations

In this [Facebook post](#), Buttar claimed that Covid vaccines cause infertility.



In [this video](#) posted to Facebook, Buttar claims that COVID-19 tests have living microorganisms (discouraging people from getting government-approved tests).



7 Erin Elizabeth

Facebook: **Active**

Twitter: **Active**

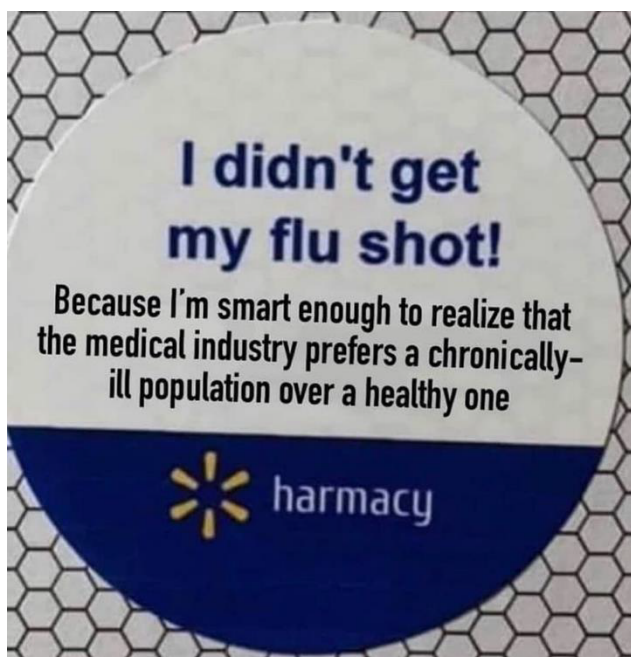
Instagram: **Active**



Erin Elizabeth, partner to Joseph Mercola, runs [Health Nut News](#), a prominent 'alternative health' website with affiliated newsletter and social media accounts.

Example Violations

This [Instagram post](#) claims vaccines are part of a medical industry plan to create "a chronically-ill population".



Everyone is arguing over the safety of a drug that was FDA approved in 1955, and I'm just over here like:



"Hydroxychloroquine was more thoroughly tested than the vaccines they want to mandate on your baby"

AGGRESSIVE



healthnutnews • Follow ...

healthnutnews Pretty much spot on.
#Reality #HealthFreedom
#MedicalFreedom #MedicalChoice
#MedicalChoice #NotMiracle
#HealthNutNews #ErinElizabeth
#Truth #Holistic #HolisticHealth

33w



kaytprend Truth ...

33w Reply

hairbyjoc 🍷🍷🍷🍷 ...

33w Reply

3,667 likes
AUGUST 2, 2020

Add a comment... Post

healthnutnews • Follow ...
Ormond Beach, Florida

healthnutnews A little humor this weekend although you better laugh or you'll cry. #ExposeBillGates #Truth #Health #MedicalFreedom #MedicalChoice #HealthFreedom #HealthChoice #HealthNutNews #ErinElizabeth

33w



livepauhana 🤔 ...
2,802 likes
AUGUST 3, 2020

Add a comment... Post

Erin Elizabeth also [posted](#) this antisemitic conspiracy theory about the Rothschilds to her Instagram account



8 Sayer Ji

Facebook: **Active**
Twitter: **Removed**
Instagram: **Part Removed**




Sayer Ji runs a popular alternative health website, [GreenMedInfo.com](https://www.greenmedinfo.com), and affiliated social media accounts that promote pseudoscience and anti-vaccine misinformation. Despite his GreenMedInfo accounts being removed by Twitter and Instagram, it is still available on Facebook.

An [article](#) on GreenMedInfo.com falsely claimed that "The FDA knows that rushed-to-market COVID-19 vaccines may cause a wide range of life-threatening side effects, including death."

Example Violations

[In this March 2021 post](#) Ji shares claims that the Pfizer vaccine has killed more people than COVID.

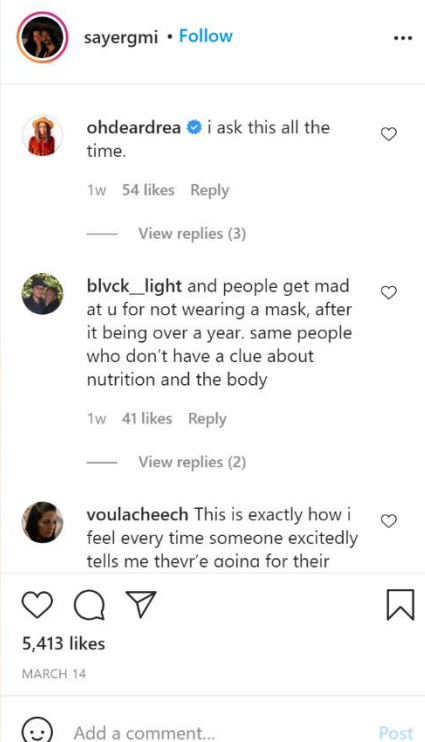
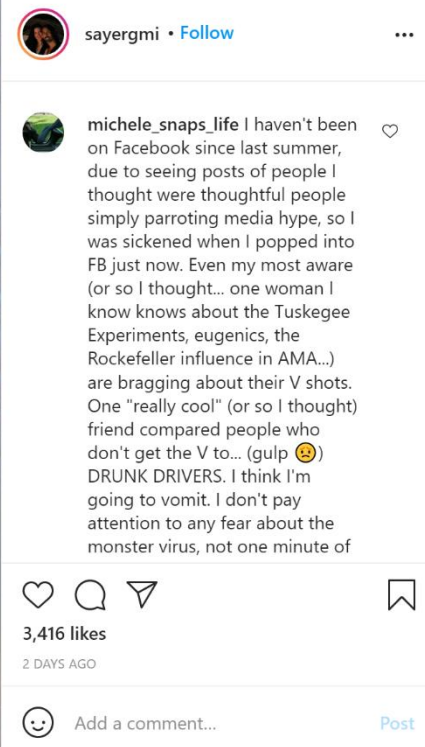
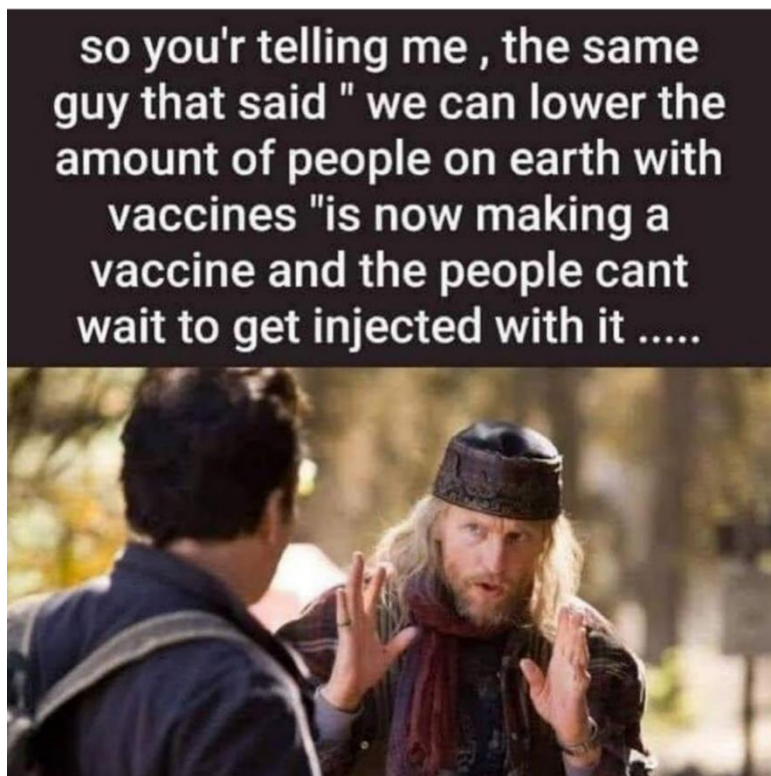
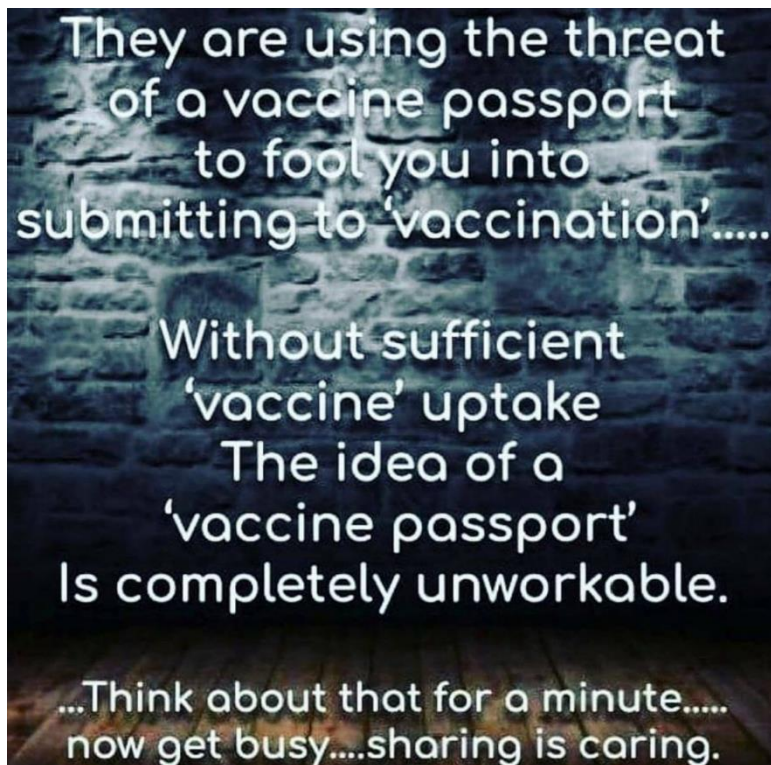


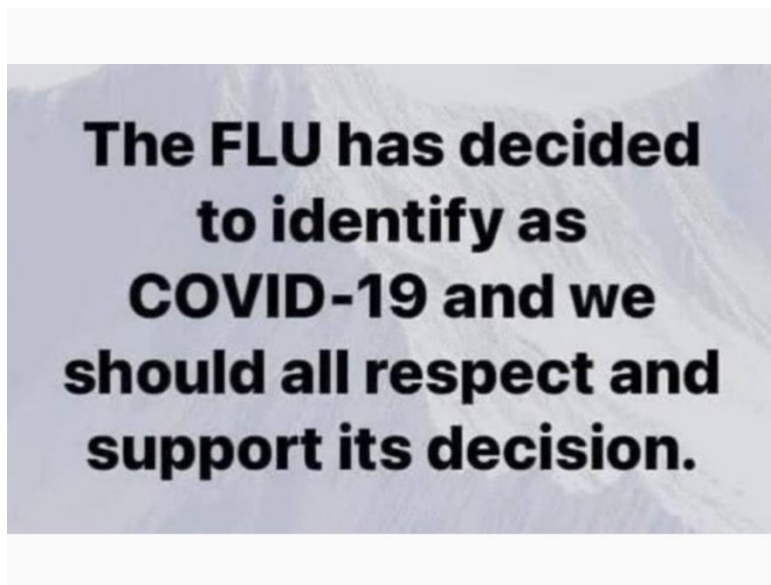
Sayer Ji
4h · 🌐

"We conclude that the **Pfizer vaccines**, for the elderly, killed during the 5-week vaccination period about **40 times more people than the disease** itself would have killed, and about **260 times more people than the disease** among the younger age class. We stress that this is in order to produce a **green passport** valid at most 6 months, and promote **Pfizer sales**."

~ Haim Yativ and Dr Seligmann,
Israeli researchers


GreenMedInfo.com
4h · 🌐
Please share this breaking story:
<https://www.greenmedinfo.com/.../orders-magnitude-higher...>
And ta... See More

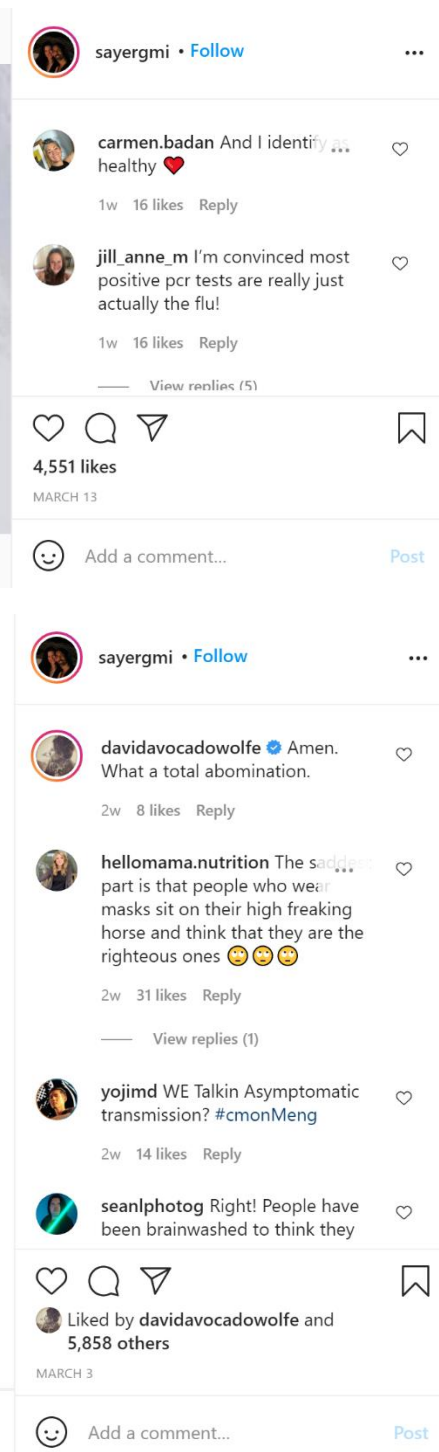




**I refuse to participate
in a medical
conspiracy that says
wearing a mask is
healthy and we all
pretend healthy
people are ill and can
make us all sick.**

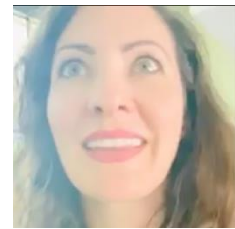
@sayergmi

 Missing Context. Independent fact-checkers say information in this post could mislead people.



9 Kelly Brogan

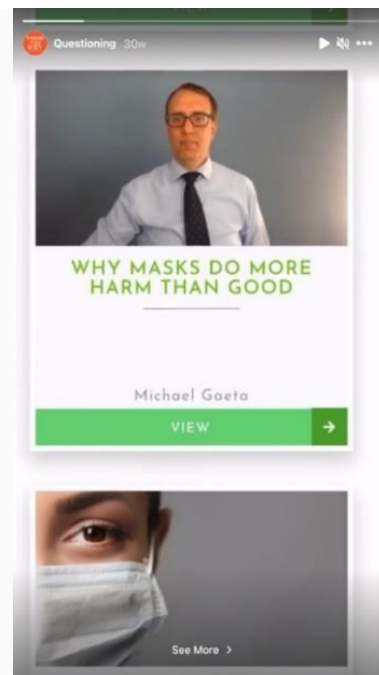
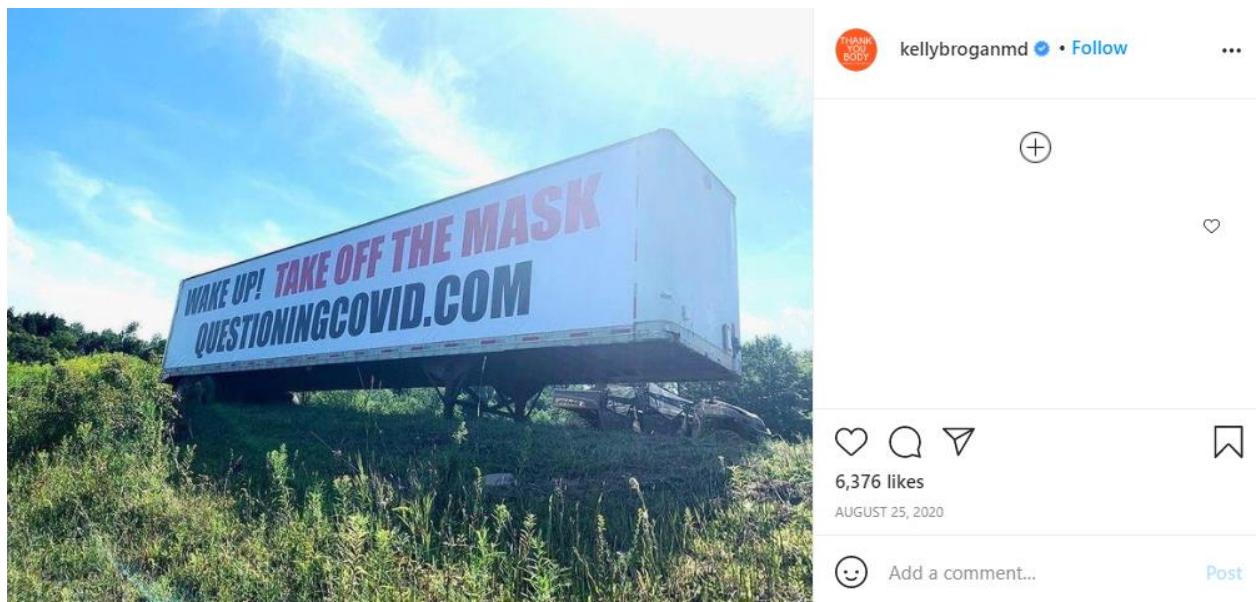
Facebook: Removed
Twitter: **Active**
Instagram: **Active**



Kelly Brogan is the partner of fellow alternative health entrepreneur Sayer Ji. She claims to practice “holistic psychiatry” and sells a range of books and courses from her website.

Example Violations

Brogan has [posted messages](#) encouraging Instagram users not to wear masks



In a widely viewed video in March, 2020, Kelly Brogan [claimed](#) that “there is potentially no such thing as the coronavirus” because “it’s not possible to prove that any given pathogen has induced death.”

A [post](#) on Kelly Brogan’s website titled “Why We Stay Asleep When Covid-19 Is Trying to Wake Us Up” cites a number of COVID conspiracy theories, including that the pandemic was planned. CrowdTangle analytics show it has been shared on Facebook nearly 11,000 times.

Why We Stay Asleep When Covid-19 Is Trying to Wake Us Up

By Kelly Brogan, MD, Ali Zeck, Sayer Ji



10 Christiane Northrup

Facebook: **Active**

Twitter: **Active**

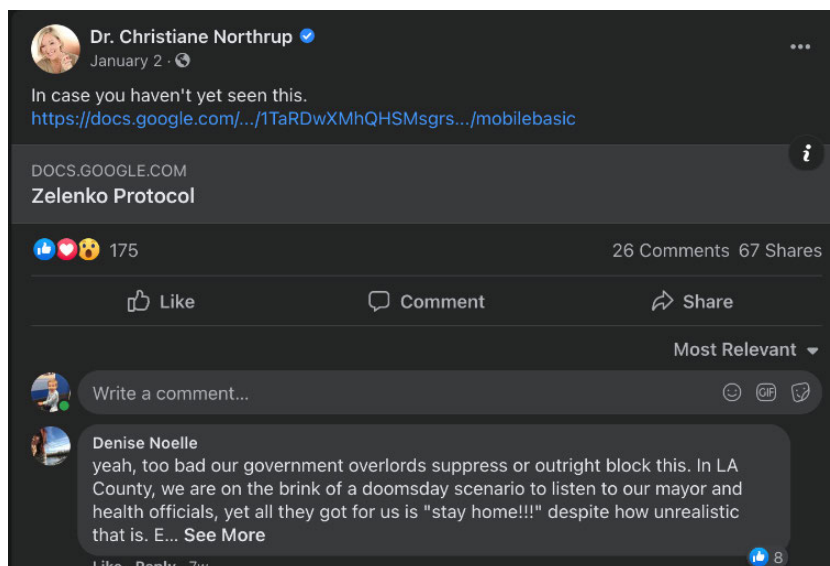
Instagram: **Active**



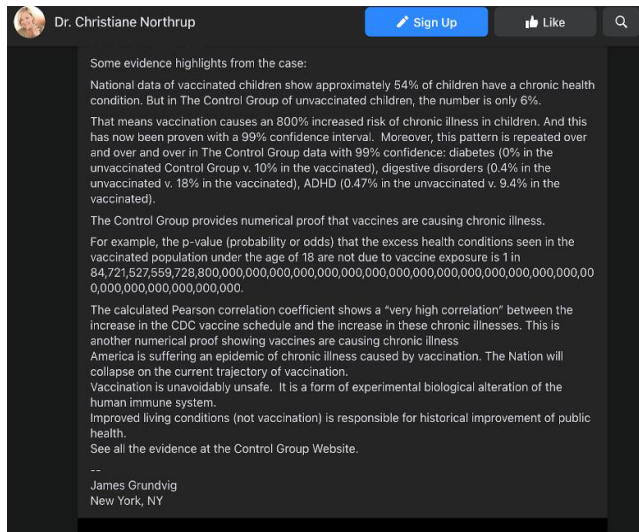
Christiane Northrup is an obstetrics and gynecology physician who has embraced alternative medicine and anti-vaccine conspiracies. She has used her social media accounts to spread disinformation about the COVID-19 vaccine.

Example Violations

[Here](#), Northrup links to a Google Doc that recommends HCQ and Ivermectin among several substances as cures for COVID.



[Here](#) she makes the baseless claim that vaccines cause an 800% increase in chronic illness.



11 Ben Tapper

Facebook: **Active**

Twitter: **Active**

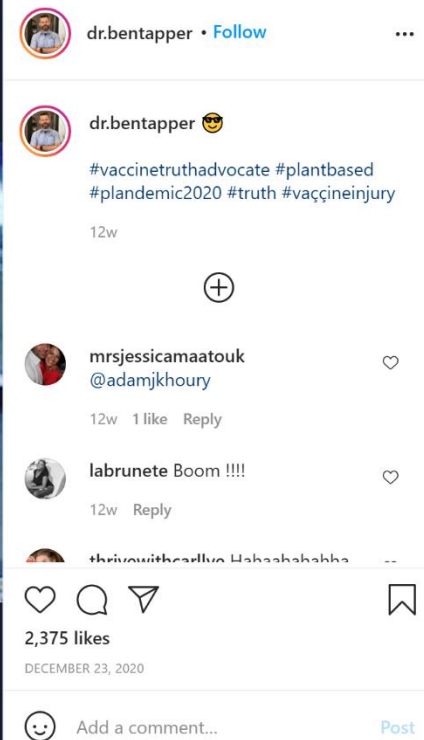
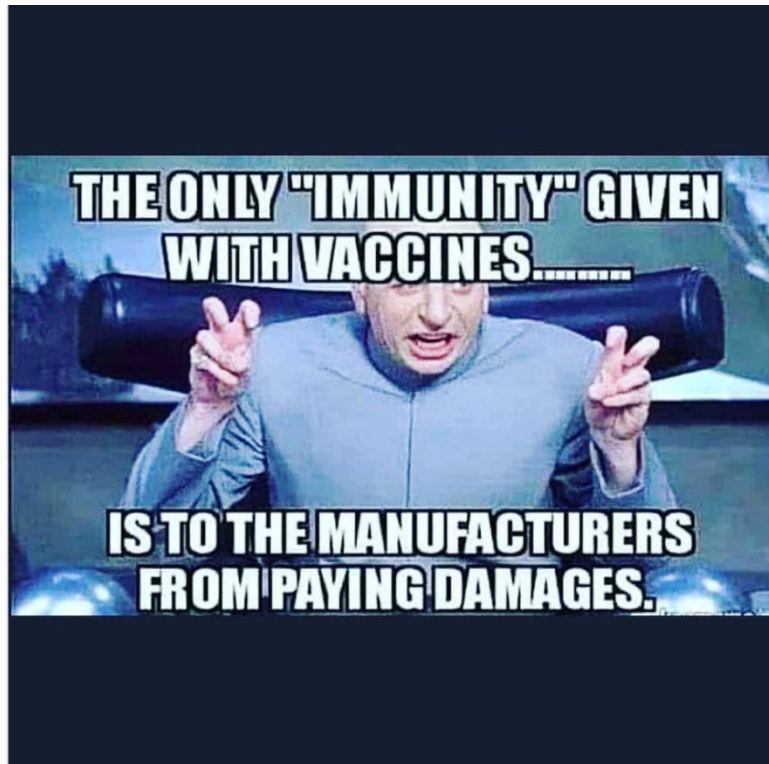
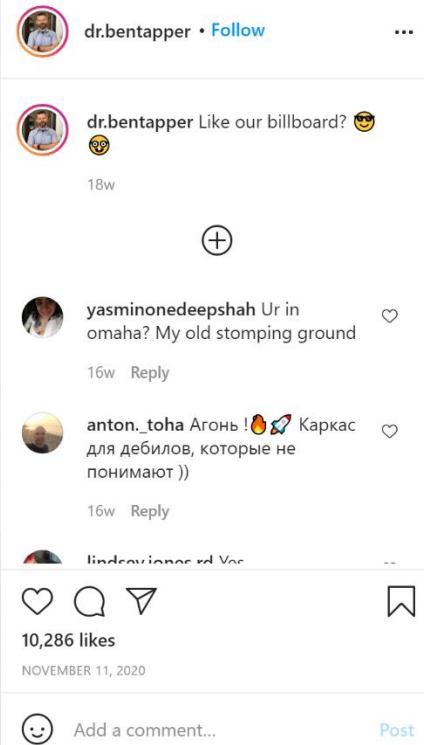
Instagram: **Active**

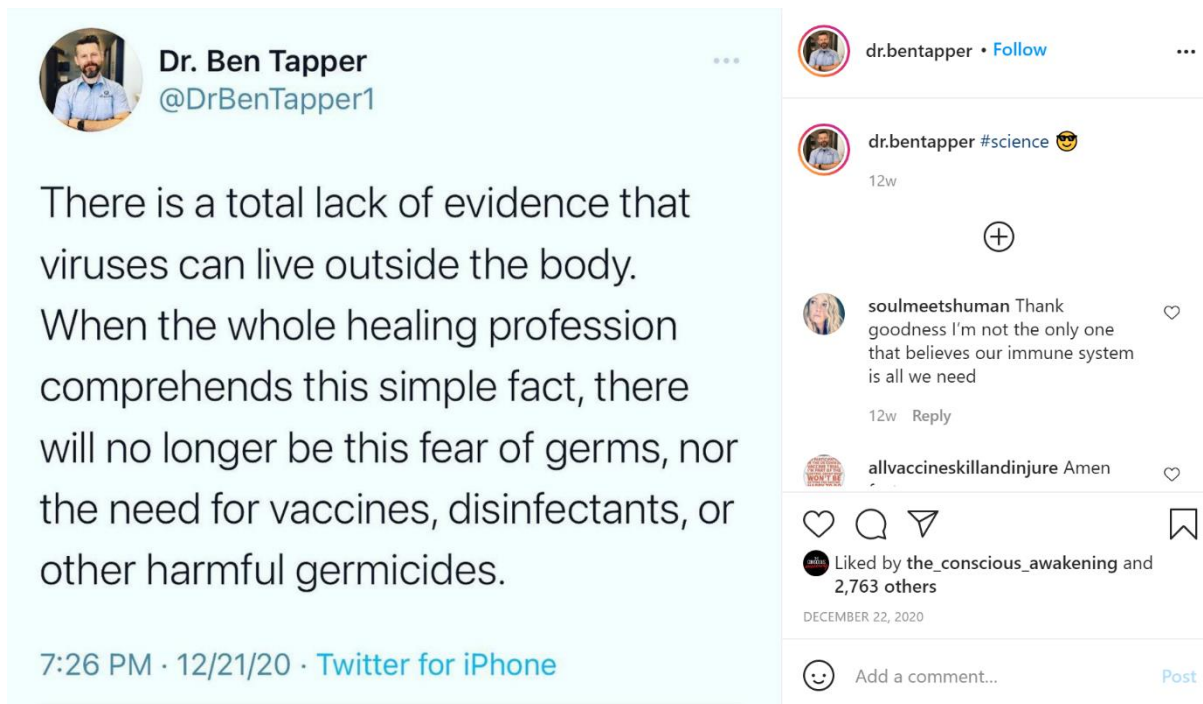


Ben Tapper is a chiropractor with a growing following on social media. He has routinely posted COVID disinformation and [spoken out against masking](#).

Example Violations







12 Kevin Jenkins

Facebook: **Active**

Twitter: **Active**

Instagram: **Active**

Kevin Jenkins is an anti-vaccine activist with a growing social media presence who has [appeared at public events](#) with Robert F. Kennedy, Jr. Jenkins has [called](#) vaccines a “conspiracy” to “wipe out” black people and is a [co-founder of the Freedom Airway & Freedom Travel Alliance](#), a company founded in late 2020 to help its members travel around the world without observing any masking, quarantining, vaccination, or other pandemic control measures.

Example Violations

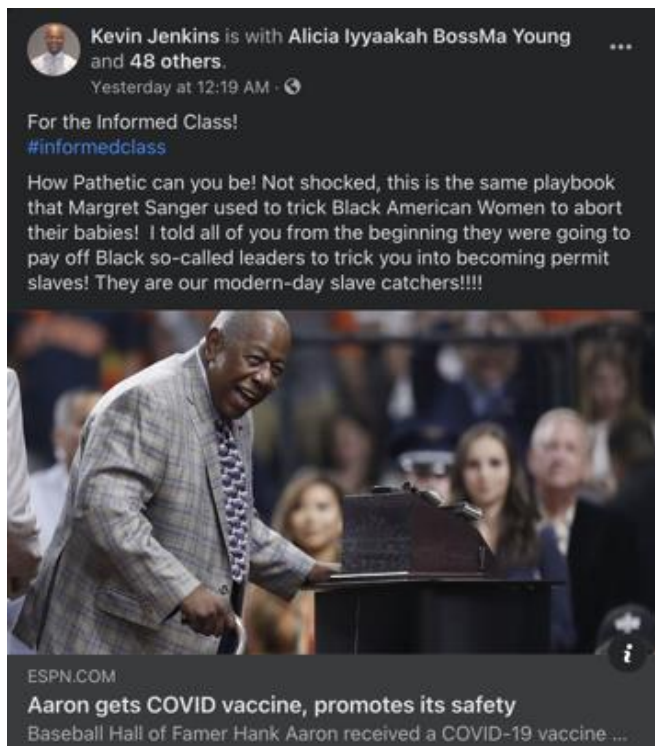
In a now-deleted Facebook Live from DC on January 6th, Kevin Jenkins stands on stage and tells the crowd that Black people are being targeted with the vaccine. *“They are spending a trillion dollars to convince you [the Black Community] that it’s ok to kill yourselves [with the COVID vaccine].”*



[Here](#) Jenkins claimed that the Black community is being targeted for experimentation with the vaccine.



In a now-deleted post, he also accused Hank Aaron of being paid off to take the vaccine - calling him a "modern-day slavecatcher."



Published 24 March 2021

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¹ CDC, 10 December 2020, <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/disparities-hospitalization.html>

CDC, 10 December 2020, <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/disparities-deaths.html>

² KFF, 17 March 2021, <https://www.kff.org/coronavirus-covid-19/issue-brief/latest-data-on-covid-19-vaccinations-race-ethnicity/>

KFF, 26 February 2021, <https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-february-2021/>

³ Daniel Allington, Siobhan McAndrew, Vivienne Louisa Moxham-Hall, Bobby Duffy, Media usage predicts intention to be vaccinated against SARS-CoV-2 in the US and the UK, Vaccine, 2021, ISSN 0264-410X, <https://doi.org/10.1016/j.vaccine.2021.02.054>

⁴ “The Anti-Vaxx Playbook”, CCDH, 22 December 2020, <https://www.counterhate.com/playbook>

⁵ USA Today, 10 March 2021, <https://eu.usatoday.com/story/tech/2021/03/10/covid-vaccine-facebook-youtube-instagram-black-misinformation-fight/6943180002/>

⁶ Loomba, S., de Figueiredo, A., Piatek, S.J. et al. Measuring the impact of COVID-19 vaccine misinformation on vaccination intent in the UK and USA. Nat Hum Behav 5, 337–348 (2021). <https://doi.org/10.1038/s41562-021-01056-1>

⁷ “Failure to Act”, Center for Countering Digital Hate, 3 September 2020, <https://www.counterhate.co.uk/failure-to-act>

“Malgorithm”, Center for Countering Digital Hate, 8 March 2021, <https://www.counterhate.com/malgorithm>

⁸ “The Anti-Vaxx Playbook”, Center for Countering Digital Hate, 22 December 2020, <https://www.counterhate.com/playbook>

⁹ Washington Post, 14 March 2021, <https://www.washingtonpost.com/technology/2021/03/14/facebook-vaccine-hesistancy-qanon/>

¹⁰ “Malgorithm”, Center for Countering Digital Hate, 8 March 2021, <https://www.counterhate.com/malgorithm>

¹¹ Nyhan B, Reifler J. Does correcting myths about the flu vaccine work? An experimental evaluation of the effects of corrective information. Vaccine. 2015 Jan 9;33(3):459-64. doi: [10.1016/j.vaccine.2014.11.017](https://doi.org/10.1016/j.vaccine.2014.11.017). Epub 2014 Dec 8. PMID: 25499651.

Skurnik, I., Yoon, C., Schwarz, N. (2007). “Myths & Facts” about the flu: Health education campaigns can reduce vaccination intentions. Retrieved from http://webuser.bus.umich.edu/yoonc/research/Papers/Skurnik_Yoon_Schwarz_2005_Myths_Facts_Flu_Health_Education_Campaigns_JAMA.pdf

Peter C, Koch T. When Debunking Scientific Myths Fails (and When It Does Not): The Backfire Effect in the Context of Journalistic Coverage and Immediate Judgments as Prevention Strategy. Science Communication. 2016;38(1):3-25. doi:[10.1177/1075547015613523](https://doi.org/10.1177/1075547015613523)

Douglas MacFarlane, Li Qian Tay, Mark J. Hurlstone, Ullrich K.H. Ecker, Refuting Spurious COVID-19 Treatment Claims Reduces Demand and Misinformation Sharing, Journal of Applied Research in Memory and Cognition, 2020, ISSN 2211-3681, <https://doi.org/10.1016/j.jarmac.2020.12.005>.

DEFENDANTS' EXHIBIT 45:



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*** AUDIO TRANSCRIPTION ***

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C-SPAN, President Biden: They're killing

8

people, YouTube (July 16, 2021)

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Transcribed Stenographically

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By: Jaclyn Urzia, CSR

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Job No. 2023-8938853

1 REPORTER 1: What's your message
2 to platforms like Facebook?

3 MS. BRENNER: They're killing
4 people. I mean, they're really --
5 they -- look, the only pandemic we
6 have is among the unvaccinated, and
7 that -- and they're killing people.

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C E R T I F I C A T E

I, Jaclyn Urzia, a Notary Public within
and for the State of New York, do hereby
certify that the within is a true and
accurate transcription of the audio
proceedings entitled "C-SPAN, President
Biden: They're killing people, YouTube
(July 16, 2021.)"

I further certify that I am not related
to any of the parties to this action by
blood or marriage, and that I am in no way
interested in the outcome of this
matter.

IN WITNESS WHEREOF, I have hereunto set
my hand this 18th day of April, 2023.



JACLYN URZIA

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DEFENDANTS' EXHIBIT 46:



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*** AUDIO TRANSCRIPTION ***

MSNBC, Watch Morning Joe Highlights: July
20th, YouTube (July 20, 2021)

Transcribed Stenographically

By: Jaclyn Urzia, CSR

Job No. 2023-893683

1 MIKA BRZEZINSKI: Today marks
2 exactly six months since
3 President Biden was sworn in as the
4 country's 46th president, inheriting a
5 politically divided nation just weeks
6 after the deadly U.S. Capitol attack
7 and a struggling economy amid a global
8 pandemic.

9 Joining us now, White House
10 Communications Director Kate
11 Bedingfield. Kate, it's good to have
12 you...

13 KATE BEDINGFIELD: Good morning.

14 MIKA BRZEZINSKI: A lot has been
15 done by this administration. I think
16 a lot of folks feel like there was
17 finally a return to competency as it
18 pertained to the Coronavirus and as
19 vaccines got out to the people.

20 But I want to ask you a question
21 that actually is dovetailing off of
22 the interview I just did with Carol
23 Leonnig and Phil Rucker about their
24 time with Donald Trump and the
25 fervency of his following.

1 And I'm connecting it to the
2 obvious disinformation that is out
3 there on social media, and I'm deeply
4 concerned about this cult following --
5 not cult-like, cult -- and I wonder
6 what the administration plans to do,
7 in areas where it actually can, as it
8 pertains to these Big Tech companies
9 and disinformation traveling through
10 them to millions and millions of
11 Americans.

12 KATE BEDINGFIELD: Well, one
13 thing I would point out, Mika, is
14 President Trump himself has gotten
15 vaccinated. He was one of the
16 earliest, actually, to get the
17 vaccine, and has said so to his
18 supporters, and that's great.

19 You know, but one thing we know
20 is that the most important thing that
21 people think about when they're making
22 a determination about getting the
23 vaccine -- and I know you're raising a
24 broader point here about
25 misinformation -- but one thing that

1 people think about is what their
2 friends, what their doctor, what the
3 people they trust in their community
4 have to say.

5 So we're going to continue to
6 supply information to encourage people
7 to get the vaccine. What we're seeing
8 is that, right now, this is a pandemic
9 of the unvaccinated. 99.5 percent of
10 people who were in the hospital or who
11 have died from this virus are
12 unvaccinated.

13 So President Biden is going to
14 continued to make every effort to
15 convince people to take the vaccine.

16 With regard to social media and
17 misinformation, no, he has raised --
18 we all have a responsibility here.
19 The social media companies have a
20 responsibility, news outlets who are
21 promoting misinformation on their --
22 using their airways to promote
23 misinformation have a responsibility.

24 He is going to call it out, he
25 is going to continue to push, and we,

1 as an administration, are going to
2 continue to provide good, accurate
3 information, particularly about the
4 vaccine to make sure people get this
5 shot so we can put this pandemic
6 behind us once and for all.

7 MIKA BRZEZINSKI: And, Kate,
8 definitely calling in -- calling the
9 shots, calling it out is important,
10 but as a candidate, the president said
11 he was open to getting rid of
12 Section 230, and I'm just wondering if
13 he's open to amending 230 when
14 Facebook and Twitter and other social
15 media outlets spread false information
16 that cause Americans harm...

17 Shouldn't they be held
18 accountable in a real way? Shouldn't
19 they be liable for publishing that
20 information, and then open to
21 lawsuits?

22 KATE BEDINGFIELD: Well, we're
23 reviewing that, and certainly they
24 should be held accountable. And I
25 think you've heard the president speak

1 very aggressively about this. He
2 understands. This is an important
3 piece of the ecosystem.

4 But it's also -- the other thing
5 the president has pointed out and
6 spoke to -- when he was asked about
7 this yesterday is, it is also the
8 responsibility of the people creating
9 the content.

10 And, again, I would go back to,
11 you know, there are conservative news
12 outlets who are creating irresponsible
13 content that's sharing misinformation
14 about the virus that's getting shared
15 on these platforms.

16 So it is a big and complicated
17 ecosystem, and everybody bears
18 responsibility to ensure that we are
19 not providing people with bad
20 information about a vaccine that will
21 save their lives.

22 We really -- that's -- when we
23 get right down to it, that's the
24 issue. The vaccine will save your
25 life, you should get it, you should

1 encourage your friends and family to
2 get it. It's safe.

3 You know, one of the pieces of
4 misinformation that's out there is
5 this idea that the vaccine was rushed
6 through. It was actually based on
7 decades of research. And now,
8 300 million doses have been
9 administered.

10 So we're seeing in real-time
11 that it is safe, and that it's
12 protecting people.

13 So President Biden is going to
14 continue to make that case very
15 forcefully.

16 WILLIE GEIST: Kate, let me ask
17 you about that vaccine and that
18 message.

19 As you know, there are a bunch
20 of people in this country who will
21 tune out President Biden, some of them
22 don't even think he's president, as
23 you know, and they're listening to
24 their own media ecosystems.

25 An interesting turn yesterday on

1 Fox News, as a number of prominent
2 anchors came out publicly and said, we
3 got the vaccine, you should go get it,
4 too, maybe an important step in
5 telling that audience that the
6 vaccines are safe and good.

7 So, as you guys have pointed
8 out, this is really becoming a crisis
9 of the unvaccinated when we've seen
10 these cases spike. What is left in
11 the White House tool box to get that
12 message out?

13 You can get it on just about
14 every street corner and you've said
15 every single day that it's safe and
16 effective. We see the numbers, that
17 99 percent of the cases in hospitals
18 and deaths are among the unvaccinated.

19 What is left for you all to do
20 in that messaging?

21 KATE BEDINGFIELD: Well, we're
22 going to continue to try to use
23 trusted voices. And, again, the
24 people who are most trusted are the
25 people in your community, your

1 friends, your neighbors.

2 So we're continuing to make sure
3 that we get resources all across the
4 country into communities, and whether
5 that's mobile vans or making the
6 vaccine available in pharmacies in a
7 walk-up where you can walk up to your
8 local pharmacy and get it, and talk to
9 your local pharmacist who you have a
10 relationship with and who you trust.

11 So that's one way. We're also
12 going to keep doing creative things.
13 Like I would note, we had Olivia
14 Rodrigo to the White House last week
15 to use the power of her social media
16 platforms, which reach an enormous
17 number of young people.

18 And what we see is that young
19 people from 18 to 25 are one of the
20 groups in this country who are -- have
21 been taking the -- have been getting
22 the vaccine, I should say, sorry, at a
23 slower rate.

24 So we are going to continue to
25 use every tool available to us to make

1 sure that we are talk about the
2 safety, the efficacy of this vaccine,
3 and we're going to make sure that
4 we're encouraging others who might
5 reach that universe of people who, as
6 you say, are not necessarily going to
7 tune into to what the White House is
8 doing or who are not necessarily going
9 to tune into President Biden on this.

10 We're going to make sure that
11 they're out there spreading good
12 information, too.

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C E R T I F I C A T E

I, Jaclyn Urzia, a Notary Public within
and for the State of New York, do hereby
certify that the within is a true and
accurate transcription of the audio
proceedings entitled "MSNBC, Watch Morning
Joe Highlights: July 20th, YouTube (July
20, 2021.)"

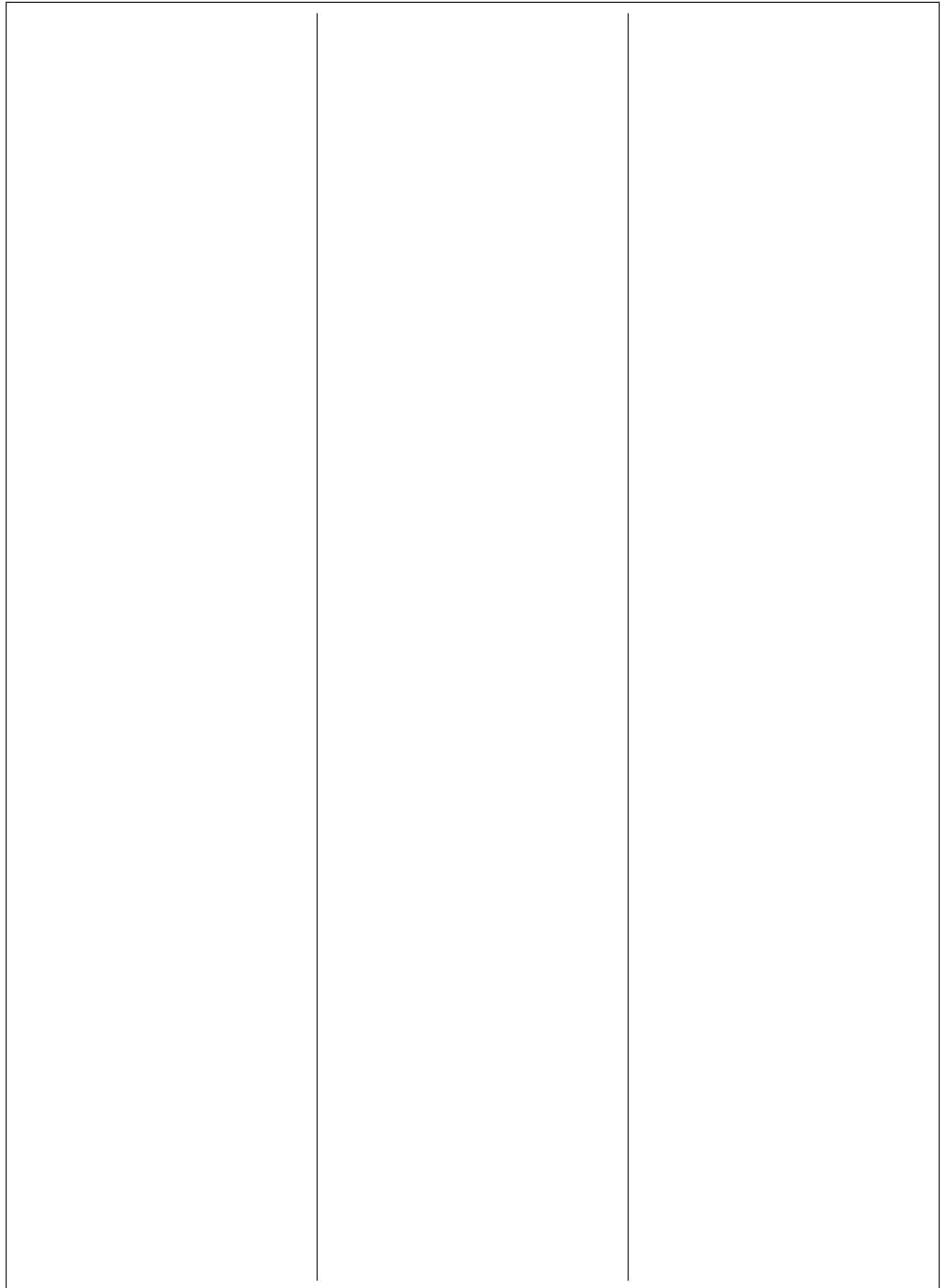
I further certify that I am not related
to any of the parties to this action by
blood or marriage, and that I am in no way
interested in the outcome of this
matter.

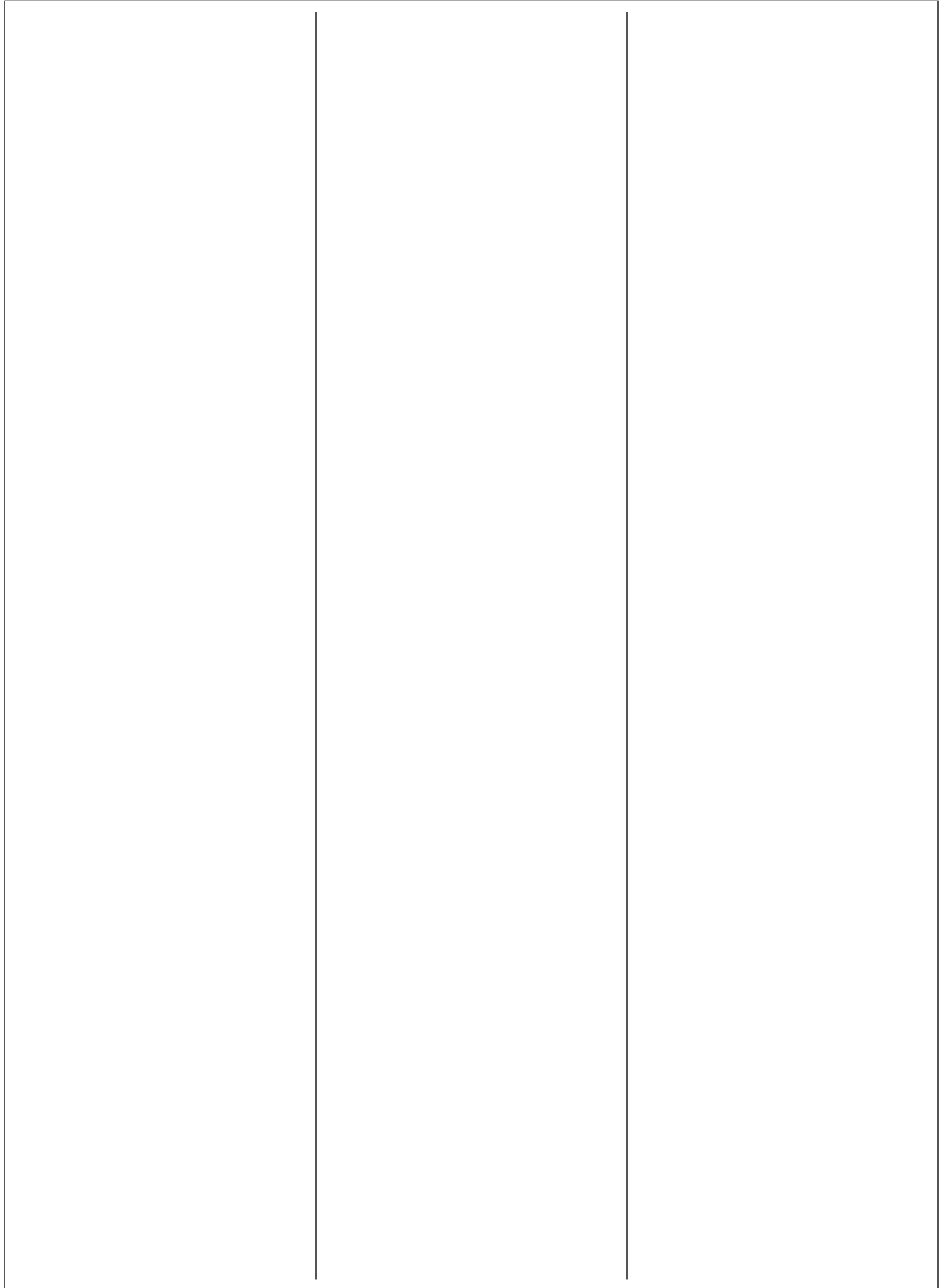
IN WITNESS WHEREOF, I have hereunto set
my hand this 18th day of April, 2023.

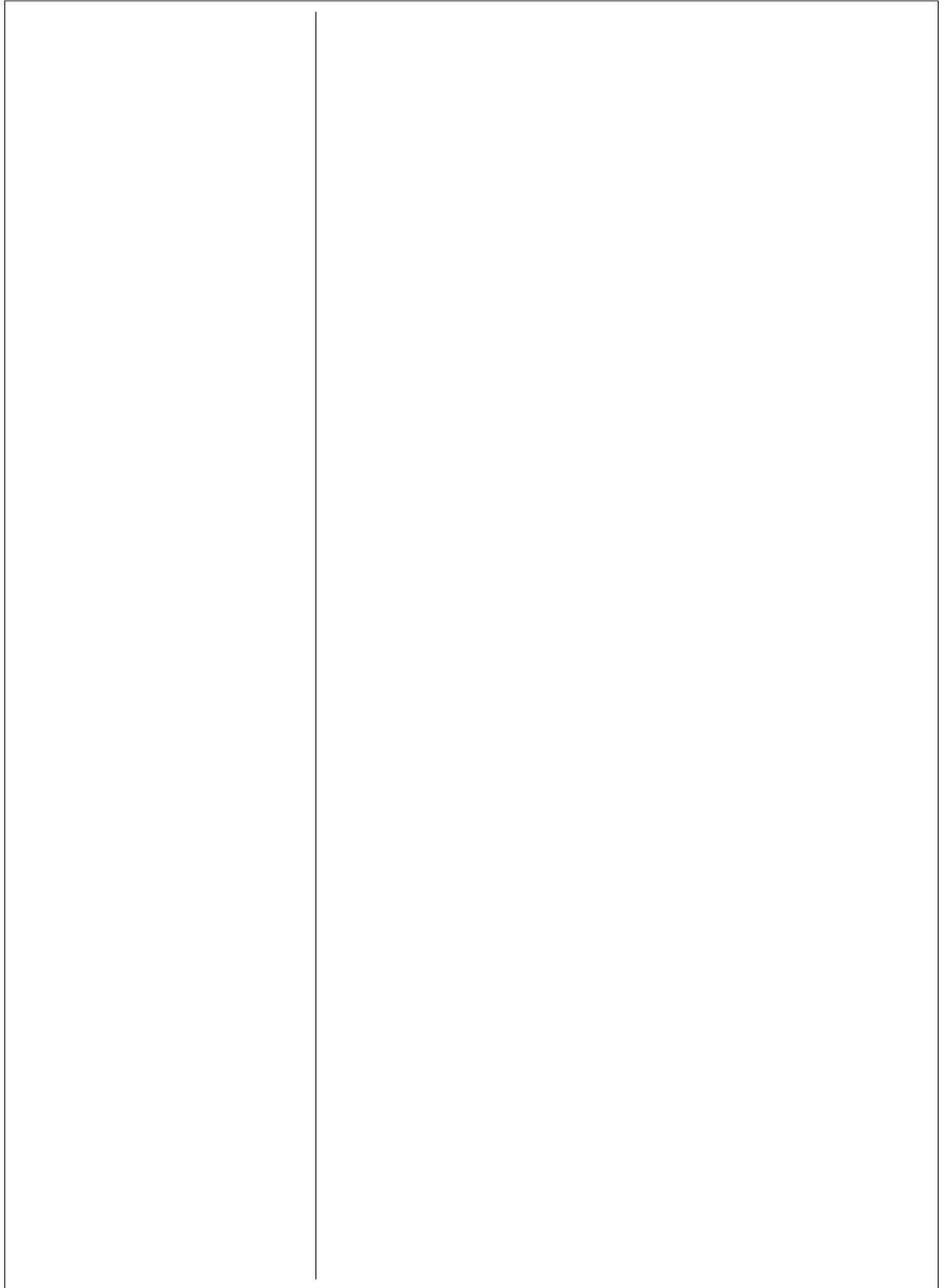


JACLYN URZIA

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DEFENDANTS' EXHIBIT 47:

From: Carrie Adams [carrieadams@fb.com]
Sent: 10/28/2021 11:28:19 PM
To: Tom, Christian L. EOP/WHO [Christian.L.Tom@who.eop.gov]
CC: Flaherty, Rob R. EOP/WHO [Robert.Flaherty@who.eop.gov]; Morgado, Landon S. EOP/WHO [Landon.S.Morgado@who.eop.gov]; O'Neill, Tegan E. EOP/WHO [Tegan.E.O'Neill@who.eop.gov]
Subject: [EXTERNAL] Re: Permission to Use @whitehouse IG Content

Thank you!
And yes we are :)

Carrie E. Adams
facebook, inc. | politics & government
[650.785.0767](tel:650.785.0767) | carrieadams@fb.com

On Oct 28, 2021, at 7:27 PM, Tom, Christian L. EOP/WHO <Christian.L.Tom@who.eop.gov> wrote:

Thanks Carrie, good on our side. You should get approval from Olivia's team too which you're prob doing separately but just to flag that. Thanks!

From: Carrie Adams <carrieadams@fb.com>
Sent: Thursday, October 28, 2021 10:03 AM
To: Flaherty, Rob R. EOP/WHO <Robert.Flaherty@who.eop.gov>; Tom, Christian L. EOP/WHO <Christian.L.Tom@who.eop.gov>; Morgado, Landon S. EOP/WHO <Landon.S.Morgado@who.eop.gov>; O'Neill, Tegan E. EOP/WHO <Tegan.E.O'Neill@who.eop.gov>
Subject: [EXTERNAL] Permission to Use @whitehouse IG Content

Hi All –

We are putting together a new Instagram global politics / government best practices guide (similar content here: about.instagram.com/civic, navigate to “download the Main Guide”).

We'd like to highlight your Olivia Rodrigo content (the Reels in particular) as a best in class example of influencer activation. Other sections will include CDC, the UN, the British Royal Family, etc.

Do we have permission to include the below post in the guide?

Thanks!

CA



DEFENDANTS' EXHIBIT 48:

From: John Ruxton [johnruxton@google.com]
Sent: 5/8/2021 9:05:42 PM
To: Tom, Christian L EOP/WHO [Christian.L.Tom@who.eop.gov]; Humphrey, Clarke EOP/WHO [Clarke.Humphrey@who.eop.gov]; Flaherty, Rob EOP/WHO [Robert.Flaherty@who.eop.gov]
CC: Brandon Feldman [bfeldman@google.com]
Subject: [EXTERNAL] Re: YouTube COVID town hall


Hi Christian and team,

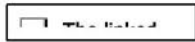
11am ET / 8am PT works for us - feel free to send over a ZoomGov link.

Totally agree execution should be quick given all the leg work by this group already!

Main thing is getting Creators connected with y'all again (we previously did on the transition domain) and determining a date that works best given the WH schedule.

Talk soon,
 John

 The linked image cannot be displayed. The file may have been moved, renamed,...



John Ruxton (he/him)

Strategic Partner Manager, News, Politics & Civics

[2021 Product Roadmap](#)

+1 (415) 606-0632

On Sat, May 8, 2021 at 1:20 PM Tom, Christian L. EOP/WHO <Christian.L.Tom@who.eop.gov> wrote:
 Hi John and Brandon,

Wanted to see if we can set up a call for Monday for this group.

I think we are moving in the right direction to pull off a YouTube Town Hall for COVID, as early as week after next.

We'll need to move quickly to execute, but the good thing about our prior attempts at this is that we have a playbook at this point.

Could we try for Monday around 11am ET? If you can come with some thoughts on what we'll need to do for next steps in the short term, that would be great.

Thanks!

— Christian

On May 6, 2021, at 6:18 PM, John Ruxton <johnruxton@google.com> wrote:


-Broad group

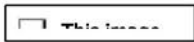
Hey Rob, Christian, and Tegan,

Do you all still want to explore a MKBHD-level in-person collab with POTUS this early summer? I know y'all are talking to Dude Perfect from the connection, which is great.

Finally, let me know if you have any initial July 4th ideas. You have the YouTube Home promo that day like Joint Address. A mix of artist and endemic creators at an event could work well.

All my best,
John

 This image cannot currently be displayed.



John Ruxton (he/him)

Strategic Partner Manager, News & Civics

2021 Product Roadmap

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YouTube LA

On Wed, Apr 21, 2021 at 7:58 PM Brandon Feldman <bfeldman@google.com> wrote:

Hi WH team,

Great to check in on the White House YouTube strategy, including performance to-date and recommendations, with Christian & Tegan today. The presentation we reviewed is attached. Initial follow-ups below-

1. **POTUS Address to Congress:** Create and share the live stream URL with us by tomorrow. We will promote across YouTube, including YouTube Home. If you plan to provide a Spanish-language stream, share that URL too as we'll promote. We encourage you to use invite-only live chat (slide 36 in the deck) as well.
2. **Creator landscape tools:** Some third-party tools that can help you assess the creator landscape include Tubular Labs and CreatorIQ .

Thanks,
Brandon & John

DEFENDANTS' EXHIBIT 49:

From: Brian Rice [brianrice@fb.com]
Sent: 3/3/2021 6:34:23 PM
To: Flaherty, Robert EOP/WHO [Robert.Flaherty@who.eop.gov]
Subject: [EXTERNAL] Re: Updates following yesterday's meeting

Thanks for catching up today—we will get back to you quickly on setting something up for more regular communication. also wanted to make sure you saw the ad ban was lifted—I didn't realize that was news that was coming and neglected to raise it when we were on the line...think your team should hear from Jen H on this front.

From: Flaherty, Robert EOP/WHO <Robert.Flaherty@who.eop.gov>
Date: Wednesday, March 3, 2021 at 11:50 AM
To: Brian Rice <brianrice@fb.com>
Subject: RE: Updates following yesterday's meeting

I'm 2028819790

From: Brian Rice <brianrice@fb.com>
Sent: Wednesday, March 3, 2021 11:37 AM
To: Flaherty, Robert EOP/WHO <Robert.Flaherty@who.eop.gov>
Subject: [EXTERNAL] Re: Updates following yesterday's meeting

Great—I can talk at 12:30. I might not have all the answers to questions on the data but can track down if I don't have what you're looking for. And think it might help to touch base across the board anyway.

Let me know best way to connect.

From: Flaherty, Robert EOP/WHO <Robert.Flaherty@who.eop.gov>
Date: Wednesday, March 3, 2021 at 11:07 AM
To: Brian Rice <brianrice@fb.com>
Subject: RE: Updates following yesterday's meeting

Probably good to connect on this. I'm free 12-1 if you are.

From: Brian Rice <brianrice@fb.com>
Sent: Wednesday, March 3, 2021 10:22 AM
To: Flaherty, Robert EOP/WHO <Robert.Flaherty@who.eop.gov>
Subject: [EXTERNAL] FW: Updates following yesterday's meeting

Rob—making sure this hit your inbox at a decent time of day. I'm around to discuss/get feedback if you have questions. 202-590-0016.

From: Brian Rice <brianrice@fb.com>
Date: Tuesday, March 2, 2021 at 11:04 PM
To: Slavitt, Andrew M. EOP/WHO <Andrew.M.Slavitt@who.eop.gov>, Robert.Flaherty@who.eop.gov <Robert.Flaherty@who.eop.gov>, Peck, Joshua (HHS/ASPA) <joshua.peck@hhs.gov>, Humphrey, Clarke EOP/WHO <Clarke.Humphrey@who.eop.gov>
Cc: Carrie Adams <carrieadams@fb.com>, Payton Iheme <payton@fb.com>
Subject: Updates following yesterday's meeting

Andy, Rob, Josh and Clarke,

Thanks for taking the time to connect yesterday. We appreciate your feedback on what would be most helpful to you as you continue your work. Following our meeting, we had further conversations with our teams and in an effort to be responsive to your questions we have two updates to share:

The first update is related to data we can share on a regular basis with the White House and HHS on vaccine intent. We will be able to share survey-based data on intent to vaccinate (% of people who have vaccinated, % of people who intend to vaccinate, % of people who do not intend to vaccinate) for the US with some demographic breakdowns. We can begin to send this data by the end of next week, and we'll regularly refresh this data for the rest of 2021. Additionally, we'll plan to update our enforcement statistics monthly for your awareness.

The second is to provide additional context around the focused work that is happening across our safety and integrity, product, engineering, ops, policy, and other teams, where we've made protecting the global vaccine our top priority. We're building on our work across the past several years on misinformation, our election integrity work, and our work over the past year to fight COVID-19 vaccine misinformation and to amplify authoritative information.

Now that vaccines are rolling out and we are seeing more discussion about vaccines on the platform, we are focusing on understanding how our policies and enforcement approaches are holding up to this evolving conversation. Our prioritization of these issues don't have an end date—we are adapting to the dynamic nature of this pandemic and implementing what we learn as we go. Specifically, we are accelerating progress on a few key areas:

1. **Combatting vaccine misinformation and de-amplifying content that could contribute to vaccine hesitancy:**

We're improving the effectiveness of our existing enforcement systems (particularly focusing on entities that repeatedly post vaccine misinformation), mitigating viral content that could lead to vaccine hesitancy, and ensuring our recommendations / discovery surfaces are not amplifying vaccine hesitancy-inducing content.

2. **Promoting the vaccine and providing authoritative information:** We will use our scale and product to increase people's intent to get vaccinated by showing people authoritative information from the CDC and leading health partners to counter misinformation and increase education, awareness, and trust. We'll also help people get the vaccine by helping people know when they're eligible and to find vaccines near them. Finally, we will use our reach to drive vaccine acceptance by providing personalized ads and increase visibility of vaccinations in people's networks (e.g., friends, healthcare workers, public figures) to inspire them to get vaccinated. We are working on specific plans for how to support communities most impacted by COVID (Black, Latinx, Indigenous), and would welcome your input. We'd also welcome partnering with you to amplify efforts to support these communities.

We'd be happy to schedule a follow-up discussion to provide additional information on this work, or on the data we plan to provide going forward. We'll also have more information very soon on access to CrowdTangle as discussed.

Look forward to continued work here, and please don't hesitate to let us know if you have any questions.

Thanks,

Brian

DEFENDANTS' EXHIBIT 50:

The Washington Post

Democracy Dies in Darkness

TECHNOLOGY

Massive Facebook study on users' doubt in vaccines finds a small group appears to play a big role in pushing the skepticism

Internal study finds a QAnon connection and that content that doesn't break the rules may be causing 'substantial' harm



By Elizabeth Dwoskin

March 14, 2021 at 3:05 p.m. EDT

Facebook is conducting a vast behind-the-scenes study of doubts expressed by U.S. users about vaccines, a major project that attempts to probe and teach software to identify the medical attitudes of millions of Americans, according to documents obtained by The Washington Post.

The research is a large-scale attempt to understand the spread of ideas that contribute to vaccine hesitancy, or the act of delaying or refusing a vaccination despite its availability, on social media — a primary source of health information for millions of people. It shows how the company is probing ever more nuanced realms of speech, and illustrates how weighing free speech vs. potential for harm is more tenuous than ever for technology companies during a public health crisis.

While Facebook has banned outright false and misleading statements about coronavirus vaccines since December, a huge realm of expression about vaccines sits in a gray area. One example could be comments by someone expressing concern about side effects that are more severe than expected. Those comments could be both important for fostering meaningful conversation and potentially bubbling up unknown information to health authorities — but at the same time they may contribute to vaccine hesitancy by playing upon people’s fears.

The research explores how to address that tension by studying these types of comments, which are tagged “VH” by the company’s software algorithms, as well as the nature of the communities that spread them, according to the documents. Its early findings suggest that a large amount of content that does not break the rules may be causing harm in certain communities, where it has an echo chamber effect.

The company’s data scientists divided the company’s U.S. users, groups and pages into 638 population segments to explore which types of groups hold vaccine hesitant beliefs. The document did not identify how Facebook defined a segment or grouped communities, but noted that the segments could be at least 3 million people.

Some of the early findings are notable: Just 10 out of the 638 population segments contained 50 percent of all vaccine hesitancy content on the platform. And in the population segment with the most vaccine hesitancy, just 111 users contributed half of all vaccine hesitant content.

Facebook could use the findings to inform discussions of its policies for addressing problematic content or to direct more authoritative information to the specific groups, but the company was still developing its solution, spokeswoman Dani Lever said.

The research effort also discovered early evidence of significant overlap between communities that are skeptical of vaccines and those affiliated with QAnon, a sprawling set of baseless claims that has radicalized its followers and been associated with violent crimes, according to the documents.

Facebook has partnered with more than 60 health experts around the globe and routinely studies a wide variety of content to inform its policies, Lever said of the study, in an emailed statement.

“Public health experts have made it clear that tackling vaccine hesitancy is a top priority in the COVID response, which is why we’ve launched a global campaign that has already connected 2 billion people to reliable information from health experts and remove false claims about COVID and vaccines,” she said. “This ongoing work will help to inform our efforts.”

Nearly 30 percent of Americans — and half of all Republican men — say they do not intend to get one of the three federally approved vaccines, according to a March poll by PBS NewsHour, Marist and NPR. An Associated Press-NORC study from late January found that the top reasons for concern over the vaccinations were fear of side effects, distrust of vaccines, and desire to wait and possibly get doses later.

Coronavirus-related misinformation has flooded the company's platforms, including false narratives about covid-19 being less deadly than the flu, that it is somehow associated with a population-control plot by philanthropist Bill Gates and that vaccines are associated with the antichrist. Its content decisions, potentially anticompetitive behavior and its use by extremist groups to foment violence have drawn the attention of regulators, leading to congressional hearings and major antitrust charges by the Justice Department.

Facebook, which owns WhatsApp messenger and Instagram, collects reams of data on its more than 3.3 billion users worldwide and has a broad reach onto those users' devices. Public health experts say that puts the company in a unique position to examine attitudes toward vaccines, testing and other behaviors and push information to people.

But the company has a steep hill to climb when it comes to proving that its research efforts serve the public because of its history of misusing people's data. The company allowed a political research firm to exploit the profiles of tens of millions of Americans, resulting in the Cambridge Analytica privacy scandal, and at one time manipulated people's emotions for an internal study.

Since April, the social network has partnered publicly with Carnegie Mellon University researchers to conduct the Covid-19 Symptom Survey, a daily survey of Facebook users that asks people about their symptoms, testing, mental health, attitudes about masks and more recently intent to get vaccinated. A related project has used smartphone data to track if people are upholding social distancing orders and shutdowns. At least 16 million people have been surveyed, making it one of the large public health data collection efforts during the pandemic, the researchers have said.

Facebook has also banned a wide range of baseless or misleading claims about vaccines and covid — removing more than 12 million pieces of content — and connects people to authoritative information with labels on posts and with a banner atop the Facebook site, according to the company.

Facebook's research into vaccine hesitancy will force the company to walk a fine line if it decides to further police it, since much of the content regards expressions of concern and doubt vs. outright misinformation.

"Vaccine conversations are nuanced, so content can't always be clearly divided into helpful and harmful," wrote Kang-Xing Jin, Facebook's head of health, in an op-ed last week in the San Francisco Chronicle. "It's hard to draw the line on posts that contain people's personal experiences with vaccines."

But according to the documents, Facebook worries that the content that isn't outright breaking its rules could be problematic. "While research is very early, we're concerned that harm from non-violating content may be substantial," the documents said.

That risk of harm seems to be disproportionately impacting a few communities, Facebook's engineers found.

The results from Facebook's early research track with findings from disinformation researchers, who have pointed that a small minority of people, particularly influencers and people who post frequently or use underhanded tactics to spread their message, can have an outsize impact on the conversation and act as superspreaders of misleading information.

The researchers noted that while some small percentage of vaccine hesitant comments could be overcome when they are posted in communities with a diverse range of opinions, the concentration of such comments in small groups suggests that they are becoming echo chambers where people simply reinforce people's preexisting ideas.

In segments that were affiliated with QAnon, the study found sentiment that was skeptical of vaccinations was widespread. "It's possible QAnon is causally connected to vaccine hesitancy," the documents said. In QAnon communities, skepticism of vaccines was connected to a distrust of elites and institutions.

Last year, external researchers found that QAnon groups in Facebook were influential in fueling the spread of a misinformation-filled documentary called "Plandemic" on social platforms.

The internal Facebook study found that comments that could contribute to vaccine hesitancy overlap with QAnon but also go well beyond it, into many other different types of communities. While QAnon groups appeared to be more focused on a possible distrust of authority as a reason for doubting the vaccine, other groups had different ways of expressing their doubts and worries. This finding suggests that public health experts will need to develop nuanced messages when trying to address vaccine hesitancy in the population.

DEFENDANTS' EXHIBIT 51:



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Journalism



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Build custom lists to follow certain accounts and find new content for newsgathering.



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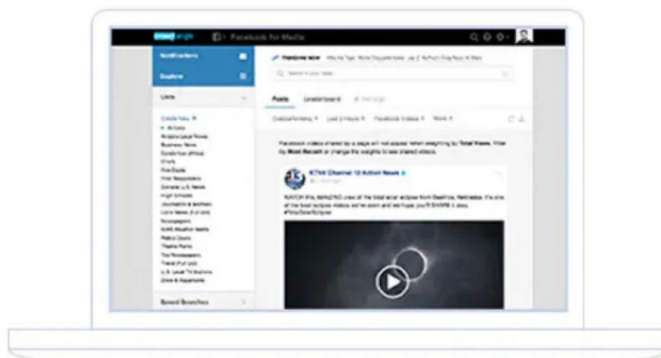
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petitive analysis

compare yourself to the rest of your industry, rank your own affiliated properties, and
ar other influential accounts, across all the major social platforms.

ify influencers

ke it simple to see who has posted links to your stories or anyone else's. Identify the most
tial referrers over time and see what they're saying about each story.

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How do I get access to CrowdTangle?

Anyone can immediately access our most popular feature that's publicly available. It's our [Link Checker Chrome Extension](#) and it makes it really easy to see how often a link has been shared, who shared it and even what they said.

Learn to use CrowdTangle



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Introduction to CrowdTangle: Get to Know Your Data

Learn how to find news stories on Facebook and Instagram, monitor top performing content, analyse your performance and develop your posting strategy.

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Page Insights

Understand the reach and engagement of your posts, and your Page's performance.



Measurement Partnerships

Provides support third-party measurement companies that help our media partners better craft their Facebook content strategies.

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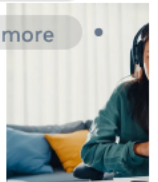
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Meta and ICFJ launch free Digital Security course for journalist...



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Meta and ICFJ launch Journalism Ethics Training in the Middl...



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DEFENDANTS' EXHIBIT 52:

From: Payton Itheme [payton@fb.com]
Sent: 2/3/2021 6:45:51 AM
To: Rowe, Courtney M. EOP/WHO [Courtney.M.Rowe@who.eop.gov]; Peck, Joshua (HHS/ASPA) [joshua.peck@hhs.gov]; Flaherty, Robert EOP/WHO [Robert.Flaherty@who.eop.gov]; Humphrey, Clarke EOP/WHO [Clarke.Humphrey@who.eop.gov]
CC: Brian Rice [brianrice@fb.com]
Subject: Re: [EXTERNAL] Re: Thanks--

Good morning Courtney, Josh, Rob and Clarke,
 I hope all is well.

I wanted to follow-up to determine if you have had a chance to review the note below. Our teams suggested several areas we could have a deeper conversation on in an effort to help support the nation's COVID-19 vaccination efforts.

Best,

Payton

From: Payton Itheme <payton@fb.com>
Date: Tuesday, January 26, 2021 at 2:21 PM
To: "Rowe, Courtney M. EOP/WHO" <Courtney.M.Rowe@who.eop.gov>, "Peck, Joshua (HHS/ASPA)" <joshua.peck@hhs.gov>, "Flaherty, Robert EOP/WHO" <Robert.Flaherty@who.eop.gov>, "Humphrey, Clarke EOP/WHO" <Clarke.Humphrey@who.eop.gov>
Cc: Brian Rice <brianrice@fb.com>, Theo LeCompte <tlecompte@jbrpt.org>
Subject: Re: [EXTERNAL] Re: Thanks--

Good afternoon Courtney, Josh, Rob and Clarke,

Thank you for the call on January 19, just before the inauguration. Congratulations on a memorable ceremony. We are excited to work with you all on our proactive education campaigns to build confidence in COVID-19 vaccines.

Facebook has been meeting with the CDC weekly on Wednesdays (3pm Eastern) for the last year to coordinate on COVID-19 initiatives and pull in relevant teams to leverage our platform in disseminating CDC's latest guidance to the right populations. We remain eager to help the Administration get out health messages around COVID-19 and vaccinations and would like to set up a weekly meeting with you/HHS to move forward on the vaccination work.

As part of our parting discussion, we offered to follow up with you all on a few of the work streams we have that support your mission. You will find those below. We also offered a quick sync on how we have been working with the White House, HHS and CDC and other key departments we are partnering with which we can do when we meet again.

Do let us know if you have questions about the information below and dates and times that work for a weekly meeting.

Health partnerships for campaigns and health insights

Over the past year, we've worked with both health organizations and influencers to drive campaigns on topics like mask wearing, social distancing, getting vaccinated for the flu and more. We've found compelling evidence suggesting that

these campaigns can influence people's attitudes and behaviors. Here are some tactics we and our partners have found to work quite well (keeping in mind that there are no hard and fast rules!):

- **Health organizations (nonprofits, academic institutions, etc.)**

- Health messages that show people a positive action they can take to improve their health are often more motivating than fear-based messaging.
- Health messages that dispel concerns about safety have been especially effective for vaccine campaigns — for example, one of our partners' most successful flu vaccine campaigns was centered around the message, "No, you cannot get the flu from the flu shot."
- Many of our partners say they get the best results when designing campaigns with the explicit goal of creating content that viewers will want to share with their friends and family. This enables them to get much broader reach/distribution and also capitalize on the fact that people often trust guidance that comes from their friends and loved ones.
- Using interest-based targeting for health messaging campaigns has also been successful; one of our partners was able to move the needle around mask-wearing attitudes/behaviors in the US through a campaign where they served different creative to different audiences (e.g., parents with children, Spanish speakers, and rural moderates saw very different content, but all with the central 'wear a mask' message).

- **Other influencers (including public figures)**

- Engaging celebrities to share content of themselves wearing a mask has been one of our most successful interventions to-date. This summer, we reached out to our public figure partners encouraging them to post content of themselves on Facebook and Instagram with the #WearAMask hashtag. We then amplified this content to reach more people on our platforms. The campaign led to an 8 point increase in perceived social approval (a key indicator of behavior change) to wear a mask among people who viewed the content.

- *Note:* We've received feedback from our partners that these campaigns would be even more successful if the ask to engage in health campaigns came from a health authority — like the CDC or HHS — instead of from Facebook. This is a key area of partnership that we'd like to explore with your team moving forward: for example, if you are able to help activate influencers and partners for campaigns, we can quite easily amplify the content they post to specific audiences.

- We are also working with some of our partners on COVID-19 vaccine message testing to determine which messages resonate with different communities. One of the partners we're working with here is the Behavioral Insights Team (BIT), an organization that applies nudge theory to inform policy and public services. They recently ran an online experiment to test 7 different messages promoting vaccine confidence and willingness to vaccinate in the US. The Trust building message they tested had the strongest results overall, both among general populations and Black Americans. The specific message that performed the best was: "The COVID-19 vaccine was developed for safety before speed. Over 70,000 people have already tested it, so you can get it safely." BIT has permitted us to include the full results here, attached, in case these can be helpful to you as you design your campaigns — and we're also happy to discuss further.

- In late December, we met with senior CDC career staff around educational campaigns and survey data (our CMU COVID survey below). They immediately understood the value of what we were offering and are interested in collaborating more closely. They are interested in using our large-scale surveys to inform the vaccine response and we are in active discussions on educational campaigns. The meeting was positive and completely focused on substance and impact.

WhatsApp

- WhatsApp's vaccine support strategy is to partner with governments, health ministries, global health authorities and key healthcare industry stakeholders to provide tools on WhatsApp to help citizens get educated about COVID-19 vaccines, schedule their appointments and get critical updates to get vaccinated.

- In 2020, WhatsApp partnered with the WHO, UNICEF and 100+ governments/health ministries around the world to send critical updates about COVID-19 out to citizens. These efforts positively impacted the lives of tens of millions of people with over 3 billion messages exchanged between citizens and governments.
- In 2021, WhatsApp has established partnerships with the WHO and UNICEF, and is pursuing partnerships with dozens of governments around the world to provide critical last mile support to ensure that people get accurate information about COVID-19 vaccines and get vaccinated. For example, WhatsApp recently partnered with the Ministry of Health in Indonesia to enable people register and get important reminders to get vaccinated. The service was rapidly adopted, with 500,000+ health workers signing up for the service in the first few days of launch.
- **In the US, WhatsApp is seeking to:**
 - **Partner with the CDC, HHS, and key health authorities at the state/local level** to empower people on WhatsApp (particularly those in the Latin-X and immigrant/minority communities where WhatsApp usage is high) with accurate information about vaccines, enable people to schedule their vaccine appointments, and send critical updates to remind people to receive their required number of vaccine doses.
 - **Leverage Facebook/Instagram ads that click to WhatsApp** campaigns to reach millions of people in the US who can engage directly on WhatsApp with the CDC, HHS, and key health authorities at the state/local level.
- WhatsApp also has an on-going **partnership with the Poynter Institute/International Fact Checking Network** on a fact checking WhatsApp service to combat COVID-19 misinformation in English and Spanish. WhatsApp will continue to accelerate this partnership with planned efforts to educate US citizens in 2021 by combating vaccine related myths and rumors on WhatsApp.

CrowdTangle

- **Bi-weekly COVID content reports:** We have recently begun sharing bi-weekly COVID content reports with the CDC. The goal of these reports is to share emerging trends, particularly around content to “watch out” for, and provide some localized views on potentially problematic content. Facebook’s CrowdTangle tool is used to develop these reports. CrowdTangle is looking at public content only, and analyzes a database that includes a subset of Pages, verified Profiles, public Instagram accounts and Groups. Thus, these reports should be directional and not be the sole source of information or be considered the definitive look at all problematic content on the platform.
- **Access to CrowdTangle:** At the start of the pandemic, CrowdTangle has been in use by the CDC for research and social media monitoring purposes. FEMA has been a user of CrowdTangle since 2015, and has used it to create real-time displays for their various regional teams to support their social media situational awareness efforts and help direct needs or information clarification. The CrowdTangle team has supported these two agencies with trainings, product resources, and list building assistance.

Facebook Ads

- Supporting government organizations, such as Governments or Ministries of Health, with communication related to COVID-19 became a top priority for us as a company. We mobilized multiple dedicated response teams – including measurement (marketing science) — and worked closely with Facebook Marketing Partners (FMPs) to ensure that people were adequately informed by their governments and knew where to go for resources. We’ve provided more than \$35M worth of ad coupons and extensive training and consultation on how to leverage ad credits to more than 230 government entities in over 150 countries. This enabled governments to get their most important COVID-19 messaging across to as many people as possible.
- In the US specifically, as part of our we have maintained a very close working relationship with CDC, including weekly meetings to discuss policy, communications and advertising related topics. CDC has been a recipient of our ad credit program, allowing them to reach people with essential health messaging. They are launching their first measurement study imminently to measure the effectiveness of their media on changing knowledge, attitudes and practices.

- Similarly, our team has also been working closely with HHS and their media agency on their “Slow the Spread” campaign, and working on launching our first Brand Lift study to understand attitudinal and intent shifts around their latest “Stop the Spread” campaigns.

Ad Council Partnership

- For over 75 years, The Ad Council has been distributing important public service announcements in partnership with government agencies and nonprofits.
- Ad Council announced in late November 2020 in [The New York Times](#) that it will be working towards a commitment to meet the marketing and communications challenges associated with vaccine confidence and adoption. Facebook, along with many other corporations and NGOs, is partnering on this effort through funding and on platform support. The funding partnership was recently [highlighted in the press](#).
- Facebook is working with Ad Council as an in-market messaging research partner by donating ad credits, digital-first creative as well as media and measurement support for the Ad Council’s work with the NGO community to help build people’s confidence of the COVID-19 vaccines. Facebook will work with Ad Council to release high level results from this initial effort as well as creative assets to make available for other organizations to leverage. From these learnings, Ad Council will work with Facebook to launch a larger spring campaign to drive vaccine confidence through donated ads on the platform.
- In 2020, Facebook donated over \$1 million in ad credits to Ad Council to support campaigns around COVID-19, often in partnership with the CDC and HHS, which focused on mask wearing, social distancing, dismantling stereotypes about the virus and other topics.

Vaccine Data/Survey

Here are some more details on the CMU / Facebook survey.

As of last week, CMU has updated their public API and [map](#) to reflect vaccine intent data from the current version on the instrument in the US. We believe this is the largest scale and most granular source of public data for vaccine intent that exists (in the US, we’re averaging 100s of Ks of responses / week since April across many languages).

It has:

- 1) Daily granularity (allowing faster understanding of changes in trends)
- 2) County and zip-code level resolution (allowing faster understanding of local differences)
- 3) Sociodemographic resolution—including age, occupation, and race/ethnicity (allowing for clearer understanding of intent by vaccine priority populations—like healthcare workers or 65+ or those with diabetes/cancer/etc.—as well as helping inform equity efforts)

Not all of these aggregations are available publicly, but microdata access are available for free under DUA to academic and nonprofit institutions. If there are specific aggregations that are a top priority for you, we can work with the academic partners to surface them publicly over API or CSV. We’ve been engaging with the CDC on this survey as well. Documentation of [the full survey instrument is here](#); the [latest instrument](#) as well as an [overview](#) of the broader survey effort are attached via PDF.

In addition to intent, there are also now questions around vaccine rates, so similar maps can be generated around % of population that report having gotten vaccinated worldwide by country (or subpopulations, like 65+, healthcare workers).

The same survey has been used for months by organizations like IHME to track mask wearing rates. Here’s a [deep-dive on its utility and limitations](#) for this use case by our partners at CMU. Cyrus Shahpar and colleagues at Resolve to Save Lives should be fairly familiar with some of these data as well.

On behalf of our broader team,

FACEBOOK

Payton Iheme

U.S. Public Policy

[Facebook](#)

From: Brian Rice <brianrice@fb.com>
Date: Friday, January 22, 2021 at 2:11 PM
To: "Flaherty, Robert EOP/WHO" <Robert.Flaherty@who.eop.gov>, Theo LeCompte <tlecompte@jbrpt.org>, "Humphrey, Clarke EOP/WHO" <Clarke.Humphrey@who.eop.gov>
Cc: "Peck, Joshua (HHS/ASPA)" <joshua.peck@hhs.gov>, "Rowe, Courtney M. EOP/WHO" <Courtney.M.Rowe@who.eop.gov>, Payton Iheme <payton@fb.com>
Subject: Re: [EXTERNAL] Re: Thanks--

Great—thanks Theo and Rob. Also adding my colleague Payton. Good to be in touch here. I know we are preparing to send over some data related to our initial conversation—we will be back ASAP.

In the meantime, please let us know how we can be helpful.

Brian

From: Flaherty, Robert EOP/WHO <Robert.Flaherty@who.eop.gov>
Date: Friday, January 22, 2021 at 2:06 PM
To: Theo LeCompte <tlecompte@jbrpt.org>, Brian Rice <brianrice@fb.com>, Humphrey, Clarke EOP/WHO <Clarke.Humphrey@who.eop.gov>
Cc: Peck, Joshua (HHS/ASPA) <joshua.peck@hhs.gov>, Rowe, Courtney M. EOP/WHO <Courtney.M.Rowe@who.eop.gov>
Subject: RE: [EXTERNAL] Re: Thanks--

Hi Brian --

I'm adding Clarke in here as well on COVID stuff. Looking forward to engaging on this and other workstreams.

-Rob

From: Theo LeCompte <tlecompte@jbrpt.org>
Sent: Friday, January 22, 2021 2:02 PM
To: Brian Rice <brianrice@fb.com>
Cc: Peck, Joshua (HHS/ASPA) <joshua.peck@hhs.gov>; Rowe, Courtney M. EOP/WHO <Courtney.M.Rowe@who.eop.gov>; Flaherty, Robert EOP/WHO <Robert.Flaherty@who.eop.gov>
Subject: [EXTERNAL] Re: Thanks--

Brian:

Following up on our conversation earlier this week, connecting you here with official government emails for Josh, Courtney, and Rob.

Again, it was a pleasure to work with you and hope to have the chance to do so again.
Theo

On Tue, Jan 19, 2021 at 10:49 PM Brian Rice <brianrice@fb.com> wrote:

Great—thank you! Good luck tomorrow.

Get [Outlook for iOS](#)

From: Theo LeCompte <tlecompte@jbrpt.org>
Sent: Tuesday, January 19, 2021 10:20:34 PM
To: Brian Rice <brianrice@fb.com>
Subject: Re: Thanks--

Hey Brian:
Thank you - pleasure working with you as well.

Yes - will connect you with Courtney and Josh on the ad side as soon as they have .gov emails, and I know Rob and Clarke will want to be in touch on the mis/disinfo side.

Best,
Theo

On Tue, Jan 19, 2021 at 4:03 PM Brian Rice <brianrice@fb.com> wrote:

Theo,

Thanks for all of your help throughout the transition period—wishing you well in your next chapter now that the transition is drawing to a close.

Hoping to be in touch with Courtney and Josh as we are now heading into the new administration—I'd be grateful if you'd connect me as they land with new email addresses in the coming days?

Thanks,

Brian

--

Theo LeCompte
Biden-Harris Transition
Private Sector Engagement
(202) 361-9500

--

Theo LeCompte
Biden-Harris Transition

Private Sector Engagement
(202) 361-9500

DEFENDANTS' EXHIBIT 53:

From: Twitter Government & Politics [gov@twitter.com]
Sent: 8/31/2022 5:36:25 PM
To: Todd O'Boyle [toboyle@twitter.com]
CC: Flaherty, Rob R. EOP/WHO [Robert.Flaherty@who.eop.gov]
Subject: [EXTERNAL] Re: Hallie Biden

Please complete this form and respond once you have done
so: <https://help.twitter.com/en/forms/authenticity/impersonation>

–

Twitter Government & Elections
gov@twitter.com | follow us: [@TwitterGov](https://twitter.com/realDonaldTrump)

On Wed, Aug 31, 2022 at 12:03 PM Todd O'Boyle <toboyle@twitter.com> wrote:
Copying our Gov team

On Wed, Aug 31, 2022 at 12:02 PM Flaherty, Rob R. EOP/WHO <Robert.Flaherty@who.eop.gov> wrote:
Todd – Wanted to flag this fake Hallie Biden account to you. <https://twitter.com/HallieBiden>

It is an impersonation – and Hallie has requested it be taken down.

Please let me know what else you need here.

-Rob

Rob Flaherty
Director of Digital Strategy
The White House
c: 2028819790

DEFENDANTS' EXHIBIT 54:

From: Billet, Courtney (NIH/NIAID) [E] [billetc@niaid.nih.gov]
Sent: 7/21/2021 5:42:30 PM
To: Carrie Adams [carrieadams@fb.com]; Humphrey, Clarke E. EOP/WHO [Clarke.Humphrey@who.eop.gov]; Dave Sommer (IG) [davesommer@fb.com]
CC: Flaherty, Rob R. EOP/WHO [Robert.Flaherty@who.eop.gov]
Subject: RE: Deactivating fake Fauci IG?

Thank you so much!

From: Carrie Adams <carrieadams@fb.com>
Sent: Wednesday, July 21, 2021 1:30 PM
To: Billet, Courtney (NIH/NIAID) [E] <billetc@niaid.nih.gov>; Humphrey, Clarke E. EOP/WHO <Clarke.Humphrey@who.eop.gov>; Dave Sommer (IG) <davesommer@fb.com>
Cc: Flaherty, Rob R. EOP/WHO <Robert.Flaherty@who.eop.gov>
Subject: Re: Deactivating fake Fauci IG?

This account has been removed.
 Thank you for flagging!

Carrie E. Adams
 facebook, inc. | politics & government
[650.785.0767](tel:650.785.0767) | carrieadams@fb.com

On Jul 20, 2021, at 2:37 PM, Carrie Adams <carrieadams@fb.com> wrote:

It's definitely a fake account, not rogue.

From: Billet, Courtney (NIH/NIAID) [E] <billetc@niaid.nih.gov>
Date: Tuesday, July 20, 2021 at 1:31 PM
To: Carrie Adams <carrieadams@fb.com>, Humphrey, Clarke E. EOP/WHO <Clarke.Humphrey@who.eop.gov>, Dave Sommer (IG) <davesommer@fb.com>
Cc: Flaherty, Rob R. EOP/WHO <Robert.Flaherty@who.eop.gov>
Subject: RE: Deactivating fake Fauci IG?

I'd be curious if there's a federal email address attached to whomever set this account up. The fact that it is saying "managed by federal staff" makes me curious it's some federal employee outside our official comms offices, thinking they're somehow being helpful? Sigh. In any event, it is ***not*** an official Fauci account.

From: Carrie Adams <carrieadams@fb.com>
Sent: Tuesday, July 20, 2021 1:25 PM
To: Humphrey, Clarke E. EOP/WHO <Clarke.Humphrey@who.eop.gov>; Dave Sommer (IG) <davesommer@fb.com>
Cc: Flaherty, Rob R. EOP/WHO <Robert.Flaherty@who.eop.gov>; Billet, Courtney (NIH/NIAID) [E] <billetc@niaid.nih.gov>
Subject: Re: Deactivating fake Fauci IG?

Yep, on it!

From: Humphrey, Clarke E. EOP/WHO <Clarke.Humphrey@who.eop.gov>
Date: Tuesday, July 20, 2021 at 1:24 PM

To: Carrie Adams <carrieadams@fb.com>, Dave Sommer (IG) <davesommer@fb.com>

Cc: Flaherty, Rob R. EOP/WHO <Robert.Flaherty@who.eop.gov>, Billet, Courtney (NIH/NIAID) [E] <billetc@niaid.nih.gov>

Subject: Deactivating fake Fauci IG?

Hi there – any way we can get this pulled down? It is not actually one of ours:

><https://www.instagram.com/anthonyfauciofficial/><

Clarke Humphrey

Digital Director, COVID-19 Response Team

The White House

202-881-9677

DEFENDANTS' EXHIBIT 55:

From: Verma, Garima EOP/WHO [Garima.Verma@who.eop.gov]
Sent: 2/11/2021 1:44:37 AM
To: Carrie Adams [carrieadams@fb.com]
CC: Dave Sommer (IG) [davesommer@fb.com]; Flaherty, Robert EOP/WHO [Robert.Flaherty@who.eop.gov]
Subject: Re: [EXTERNAL] Re: Hunter Biden IG Account

Thanks team!

Best,
Garima Verma

On Feb 10, 2021, at 8:42 PM, Carrie Adams <carrieadams@fb.com> wrote:

This user (and several associated accounts) have been removed.
Thanks for flagging!

From: Verma, Garima EOP/WHO <Garima.Verma@who.eop.gov>
Date: Wednesday, February 10, 2021 at 7:03 PM
To: Dave Sommer (IG) <davesommer@fb.com>, Carrie Adams <carrieadams@fb.com>
Cc: Flaherty, Robert EOP/WHO <Robert.Flaherty@who.eop.gov>
Subject: RE: Hunter Biden IG Account

Thanks Dave!

Best,
Garima Verma (*she/her/hers*)
Digital Director, Office of the First Lady
c: (202) 881-9536

From: Dave Sommer (IG) <davesommer@fb.com>
Sent: Wednesday, February 10, 2021 7:00 PM
To: Verma, Garima EOP/WHO <Garima.Verma@who.eop.gov>; Carrie Adams <carrieadams@fb.com>
Cc: Flaherty, Robert EOP/WHO <Robert.Flaherty@who.eop.gov>
Subject: [EXTERNAL] Re: Hunter Biden IG Account

Thanks Garima - we'll check it out.

Get [Outlook for iOS](#)

From: Verma, Garima EOP/WHO <Garima.Verma@who.eop.gov>
Sent: Wednesday, February 10, 2021 6:55:55 PM
To: Carrie Adams <carrieadams@fb.com>; Dave Sommer (IG) <davesommer@fb.com>
Cc: Flaherty, Robert EOP/WHO <Robert.Flaherty@who.eop.gov>
Subject: Hunter Biden IG Account

Hi Carrie and Dave,

We saw this account that is claiming to be a fan-page for Hunter Biden and it has some pretty weird content. Possible to get this taken down?

<image001.jpg>

Appreciate your help!

Best,

Garima Verma (*she/her/hers*)

Digital Director, Office of the First Lady

c: (202) 881-9536

DEFENDANTS' EXHIBIT 56:



Language ▼

[Home](#) → [Policies](#) → [Facebook Community Standards](#)

Account Integrity and Authentic Identity

Policy details

Change log



Policy Rationale

Transparency Center



Authenticity is the cornerstone of our community. We believe that authenticity helps create a community where people are accountable to each other, and to Facebook, in meaningful ways. We want to allow for the range of diverse ways that identity is expressed across our global community, while also preventing impersonation and identity misrepresentation. That is why we require people to connect on Facebook using the name they go by in everyday life. Our authenticity policies are intended to create a safe environment where people can trust and hold one another accountable.

In order to maintain a safe environment and empower free expression, we remove accounts that are harmful to the community, including those that compromise the security of other accounts and our services. We have built a

combination of automated and manual systems to block and remove accounts that are used to persistently or egregiously abuse our Community Standards.

Because account level removal is a severe action, whenever possible, we aim to give our community a chance to learn our rules and follow our Community Standards. Penalties, including account disables, are designed to be proportionate to the severity of the violation and the risk of harm posed to the community. Continued violations, despite repeated warnings and restrictions, or violations that pose severe safety risks will lead to an account being disabled.



We do not allow the use of our services and will restrict or disable accounts or other entities (such as pages, groups, and events) if you:

- **Severely violate** our Community Standards.
- **Persistently violate** our Community Standards.
- Coordinate as part of a network of accounts or other entities in order to violate or evade our Community Standards.
- Represent **Dangerous Individuals or Organizations**.
- Create or use an account that demonstrates an intent to violate our Community Standards.
- Create or use an account by scripted or other inauthentic means.
- Create an account, Page, Group or Event to evade our enforcement actions, including creating an account to bypass a restriction or after we have disabled your previous account, Page, Group or Event.
- Create or use an account that deliberately misrepresents your identity in order to mislead or deceive others, or to evade enforcement or violate our other Community Standards. We consider a number of factors when assessing misleading identity misrepresentation, such as:
 - Repeated or significant changes to identity details, such as name or age
 - Misleading profile information, such as bio details and profile location
 - Using stock imagery or stolen photos

- Other related account activity
- Impersonate others by:
 - Using their photos with the explicit aim to deceive others.
 - Creating an account assuming to be or speak for another person or entity.
 - Creating a Page assuming to be or speak for another person or entity for whom the user is not authorized to do so.
- Are under 13 years old.
- Are a convicted sex offender.
- Are prohibited from receiving our products, services or software under applicable laws.



In certain cases, such as those outlined below, we will seek further information about an account before taking actions ranging from temporarily restricting accounts to permanently disabling them.

- Accounts misrepresenting their identity (Facebook and Messenger only) by:
 - Using a name that is not the **authentic name** you go by in everyday life
 - Using an inherently violating name, containing slurs or any other violations of the **Community Standards**
 - Providing a false date of birth.
 - Creating a single account that represents or is used by more than one person.
 - Maintaining multiple accounts as a single user.
 - Compromised accounts.
 - Empty accounts with prolonged dormancy.
-

Read less

✓ User experiences

Enforcement →

We have the same policies around the world, for everyone on Facebook.

Review teams →

Our global team of over 15,000 reviewers work every day to keep people on Facebook safe.

Stakeholder engagement →

Outside experts, academics, NGOs and policymakers help inform the Facebook Community Standards.

✓ Get help with account integrity and authentic identity

NEXT →

Spam

[← PREVIOUS](#)

Sexual Solicitation



POLICIES

ENFORCEMENT

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DATA

[Data Policy](#) • [Terms of Service](#) • [Cookies](#)

DEFENDANTS' EXHIBIT 57:

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- [Using Twitter \(https://help.twitter.com/en/using-twitter\)](https://help.twitter.com/en/using-twitter)
- [Managing your account \(https://help.twitter.com/en/managing-your-account\)](https://help.twitter.com/en/managing-your-account)
- [Safety and security \(https://help.twitter.com/en/safety-and-security\)](https://help.twitter.com/en/safety-and-security)
- [Rules and policies \(https://help.twitter.com/en/rules-and-policies\)](https://help.twitter.com/en/rules-and-policies)
- Resources ▼

 - [New user FAQ \(https://help.twitter.com/en/resources/new-user-faq\)](https://help.twitter.com/en/resources/new-user-faq)
 - [Glossary \(https://help.twitter.com/en/resources/glossary\)](https://help.twitter.com/en/resources/glossary)
 - [A safer Twitter \(https://help.twitter.com/en/resources/a-safer-twitter\)](https://help.twitter.com/en/resources/a-safer-twitter)
 - [Accessibility \(https://help.twitter.com/en/resources/accessibility\)](https://help.twitter.com/en/resources/accessibility)

 - [Our rules \(https://help.twitter.com/en/resources/rules\)](https://help.twitter.com/en/resources/rules)
 - [My privacy \(https://help.twitter.com/en/resources/how-you-can-control-your-privacy\)](https://help.twitter.com/en/resources/how-you-can-control-your-privacy)
 - [How we address misinformation on Twitter \(https://help.twitter.com/en/resources/addressing-misleading-info\)](https://help.twitter.com/en/resources/addressing-misleading-info)



[Contact Us \(https://help.twitter.com/forms.html\)](https://help.twitter.com/forms.html)

Helpful articles

- [How to block accounts on Twitter \(https://help.twitter.com/en/using-twitter/blocking-and-unblocking-accounts\)](https://help.twitter.com/en/using-twitter/blocking-and-unblocking-accounts)
- [How to mute accounts on Twitter \(https://help.twitter.com/en/using-twitter/twitter-mute\)](https://help.twitter.com/en/using-twitter/twitter-mute)
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- [The Twitter Rules \(https://help.twitter.com/en/rules-and-policies/twitter-rules\)](https://help.twitter.com/en/rules-and-policies/twitter-rules)

- [Contact us](#)
- [Authenticity](#)

Authenticity on Twitter

What issue are you having? (required)

An account is impersonating me or somebody else ▾

An account is impersonating me or somebody else

Please tell us more (required)



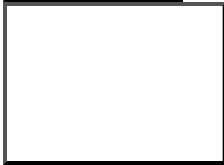
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[Cookies](https://help.twitter.com/rules-and-policies/twitter-cookies) (https://help.twitter.com/rules-and-policies/twitter-cookies)

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[Terms and conditions](https://twitter.com/tos) (https://twitter.com/tos)

English



[Help Center](https://help.twitter.com/) (https://help.twitter.com/)

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- العربية (<https://help.twitter.com/ar/forms/authenticity/impersonation>)
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- Русский (<https://help.twitter.com/ru/forms/authenticity/impersonation>)
- हिंदी (<https://help.twitter.com/hi/forms/authenticity/impersonation>)
- (<https://help.twitter.com/ta.html>)
- עברית (<https://help.twitter.com/he>)
- 简体中文 (<https://help.twitter.com/zh-cn>)
- 繁體中文 (<https://help.twitter.com/zh-tw>)
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- فارسی (<https://help.twitter.com/fa>)
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- Slovenčina (<https://help.twitter.com/sk>)
- (<https://help.twitter.com/kn.html>)

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- Dari (<https://help.twitter.com/fa-af>)
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- (<https://help.twitter.com/ig.html>)
- (<https://help.twitter.com/yo.html>)
- (<https://help.twitter.com/ha-NG.html>)
- Kurdish (<https://help.twitter.com/ckb>)
- (<https://help.twitter.com/ur.html>)

DEFENDANTS' EXHIBIT 58:

Impersonation policy



The safety of our creators, viewers, and partners is our highest priority. We look to each of you to help us protect this unique and vibrant community. It's important you understand our Community Guidelines, and the role they play in our shared responsibility to keep YouTube safe. **Take the time to carefully read the policy below.** You can also check out [this page](#) for a full list of our guidelines.

Content intended to impersonate a person or channel is not allowed on YouTube. YouTube also enforces trademark holder rights. When a channel, or content in the channel, causes confusion about the source of goods and services advertised, it may not be allowed.

If you see content that violates this policy, [please report it](#).

- If you feel that yours or another creator's channel is being impersonated, you can report the channel by following the instructions [here](#).

What these policies mean for you

If you're posting content

Don't post content on YouTube if it fits any of the descriptions noted below.

- **Channel impersonation:** A channel that copies another channel's profile, background, or overall look and feel in such a way that makes it look like someone else's channel. The channel does not have to be 100% identical, as long as the intent is clear to copy the other channel.
- **Personal impersonation:** Content intended to look like someone else is posting it.

Examples

Here are some examples of content that's not allowed on YouTube.

- Channels with the same name and image as another channel, with the only difference being a space inserted into the name or a zero replacing the letter O.
- Using someone else's real name, user name, image, brand, logo, or other personal information to trick people into believing you are that person.
- Exactly matching a channel description to another channel.
- Setting up a channel using the name and image of a person, and then pretending that person is posting content to the channel.

- Setting up a channel using the name and image of a person, and then posting comments on other channels as if they were posted by the person.
- Channels claiming to be a “fan account,” but actually posing as another’s channel and reuploading their content.
- Channels impersonating an existing news channel.

Please remember these are just some examples, and don't post content if you think it might violate this policy.

What happens if content violates this policy

If your content violates this policy, we’ll remove the content and send you an email to let you know. If we can’t verify that a link you post is safe, we may remove the link.

If this is your first time violating our Community Guidelines, you’ll likely get a warning with no penalty to your channel. If it’s not, we may issue a strike against your channel. If you get 3 strikes within 90 days, your channel will be terminated. You can learn more about [our strikes system here](#).

We may terminate your channel or account for repeated violations of the Community Guidelines or Terms of Service. We may also terminate your channel or account after a single case of severe abuse, or when the channel is dedicated to a policy violation. You can learn more about [channel or account terminations here](#).

DEFENDANTS' EXHIBIT 59:

The Washington Post
Democracy Dies in Darkness

WHITE HOUSE

White House disbanding its covid-19 team in May

Ashish Jha is likely to depart as pandemic that engulfed Biden's early presidency takes a lower profile

By [Dan Diamond](#) and [Tyler Pager](#)

Updated March 22, 2023 at 8:10 p.m. EDT | Published March 22, 2023 at 7:25 p.m. EDT

The White House will shut down its covid response team after the public health emergency ends in May, with some staffers already departing and national coordinator Ashish Jha likely to leave the administration once his team is disbanded, according to multiple current and former officials who spoke on the condition of anonymity to describe internal operations.

The move to disband the White House covid team, created in February 2020 and expanded to about three dozen staffers under President Biden, comes as the pandemic has receded from U.S. hospitals and in voters' minds. The nation avoided a [feared winter surge](#) of virus deaths earlier this year, and while the Centers for Disease Control and Prevention still links about 2,000 deaths per week to covid, that represents the lowest death toll since the earliest days of the pandemic.

At the same time, Republicans on the campaign trail are ramping up attacks on [coronavirus](#) vaccines and shutdowns, capitalizing on many voters' frustration with policies intended to curb the pandemic. And on Capitol Hill, House Republicans, now in the majority, are [charging ahead with investigations](#) into the origins of the pandemic.

A senior administration official said in a statement to The Washington Post that it makes sense now to shift out of emergency status.

"As a result of this administration's historic response to Covid-19, we as a nation are in a safer, better place than we were three years ago," the official said. "Covid no longer disrupts our lives because of investments and our efforts to mitigate its worst impacts. Covid is not over, fighting it remains an administration priority, and transitioning out of the emergency phase is the natural evolution of the covid response."

The White House covid team has been shrinking for some time, but its formal end marks a milestone in the trajectory of the pandemic. The coronavirus outbreak engulfed the end of Donald Trump's presidency and the beginning of Biden's, became a central focus of the U.S. government for three years, and erupted into one of the biggest public health crises in the nation's history.

Some experts said there are practical reasons to wind down the response, noting the virus's decreasing burden on the U.S. health system.

"If not now, then when?" said Bob Wachter, chair of the department of medicine at the University of California at San Francisco who said he has served as an informal adviser to Jha. "I'm increasingly persuaded by the arguments that this has to fold into the way we manage other diseases."

He added, "We have a 'war on cancer,' and that doesn't require a cancer czar."

Others said that the move was, if anything, overdue and that phasing out the White House's role earlier would have let the government shift the cost of vaccines and treatments to the private sector. "I begged them last April to wind down the emergency," said former senator Richard Burr (R-N.C.), who was the top Republican on the Senate's health committee before retiring this year. "There's a lot of things that brought confusion to what should have been a purely health care-driven policy."

But Deborah Birx, who served as the nation's first coronavirus coordinator, suggested that too few anti-pandemic mechanisms have been put in place to justify winding down the team. She said the administration has missed opportunities to improve the monitoring of virus data, invest in the development of more durable vaccines and take other steps that Biden vowed to accomplish in his sweeping covid plan.

"It's not too early [to disband] if we had used the last two years to build all of these systems that we needed — but we haven't," Birx said.

She also lamented the public's reduced attention to covid's risks, noting that the virus's evolution has allowed it to evade some treatments and left immunocompromised Americans with fewer protections. "No one is even talking about that vulnerable Americans are more vulnerable today than they were a year ago," Birx said.

Just under 9 percent of Americans said they were "extremely concerned" about covid-19 in a December Axios/Ipsos poll, compared with 31 percent in January 2021 when Biden took office. Just under half, 48 percent, approved of Biden's handling of the coronavirus, his highest approval rating across a set of issues, according to a February Reuters/Ipsos poll.

Several covid response officials have departed in recent weeks without the White House filling their slots, including Mary Wall, who served as the team's chief of staff, and Subhan Cheema, who helped lead covid communications before moving to the White House's science and technology office.

The team's diminished presence has manifested in diminished proximity to the president: Jha's office was moved out of the West Wing this year to the neighboring Eisenhower Executive Office Building, according to three people familiar with the matter.

Other top health officials have left as well. Anthony S. Fauci, chief medical adviser to the president and the director of the National Institute of Allergy and Infectious Diseases, retired in December; David Kessler, a top adviser on the pandemic and vaccine distribution, left in January; and the top job at the National Institutes of Health remains unfilled after Francis Collins stepped down in December 2021.

Jha, who is on leave from his role as dean of Brown University's public health school, joined the White House in April. He has spoken about "the very simple goal of wanting to make sure we're protecting people as we pull out of this public health emergency" — a mission that Jha and his colleagues say they've accomplished, according to three White House officials who spoke on the condition of anonymity to disclose private discussions.

"We are in a different and in a better place with covid," Jha told WBUR, Boston's NPR station, last week. "Now, that doesn't mean covid's gone. It doesn't mean covid is not a problem. But it means that the emergency tools we needed to manage this virus are no longer needed in the same way."

The view, however, is not shared by some progressive activists and advocates, who have called for the White House to ramp up its virus messaging and responsibilities, not wind them down.

"[T]he federal government is relieving itself of responsibility for the ongoing death, disability and debility wrought by covid at a time when continued intervention is critical," activists Artie Vierkant and Beatrice Adler-Bolton wrote this month in In These Times.

Kristin Urquiza, co-founder of patient advocacy group Marked by Covid, said the Biden administration has erred by focusing almost solely on vaccinations to the exclusion of measures like masking in crowded places. "The communication around the pandemic has been too little, too late," she said. "The focus on a single approach to the problem ... has proven to not be successful."

Officials cautioned that Jha's departure from government is not yet finalized, saying Biden could ask him to stay on as covid coordinator or create a new role for him. Some members of the covid response team are also expected to join a new White House pandemic response office, created by legislation written by Burr and Sen. Patty Murray (D-Wash.) and set to open this year.

While administration leaders have discussed Jha taking the helm of that office, which is intended to coordinate the response to future crises, he has indicated he is not interested in that role, two people familiar with the matter said.

The government is not alone in closing down part of its covid response efforts. Johns Hopkins University this month halted its pandemic tracking tool, a closely watched metric during the height of the outbreak.

“While the threat of Covid is not gone and we cannot grow complacent, it’s clear we are in a much different place today than three years ago,” Murray said in a statement. “Now we need to stay focused on ensuring a smooth transition so no one falls through the cracks, and making sure we are applying all the lessons from this pandemic.”

Burr, Wachter and others praised Jha’s time as covid coordinator, saying he had worked to speed access to updated coronavirus vaccines and treatments like Paxlovid, which have been credited with saving lives. However, only 16 percent of Americans have received the updated bivalent vaccine, according to CDC data, and many high-risk covid patients do not seek out Paxlovid prescriptions.

“You could argue that one of his jobs is to convince everybody to take the things, and that hasn’t happened as well as you would have hoped and he would have liked,” Wachter said. “But if there’s a better communicator about Covid in the universe, I haven’t met him or her.”

Wachter also said that after covid’s speed and mutations repeatedly challenged health systems in the first two years of the pandemic, there had been fewer surprises since the emergence of the omicron variant around Thanksgiving in 2021.

Current and former officials said the idea all along was that the team would be wound down eventually. “We took these jobs with a goal of becoming obsolete,” a former official said.

DEFENDANTS' EXHIBIT 60:

From: Wakana, Benjamin L. EOP/WHO [Benjamin.L.Wakana@who.eop.gov]
Sent: 2/2/2021 4:46:34 AM
To: Jan Antonaros [jantonaros@google.com]; Humphrey, Clarke EOP/WHO [Clarke.Humphrey@who.eop.gov]
CC: Karen DeSalvo [karendesalvo@google.com]; Rowe, Courtney M. EOP/WHO [Courtney.M.Rowe@who.eop.gov]; Flaherty, Robert EOP/WHO [Robert.Flaherty@who.eop.gov]
Subject: Google<>ODS

Jan, meet Clarke, she's the lead Digital staffer on the COVID Response Team.

Clarke, meet Jan, she works for Google. Her colleague Karen DeSalvo and I talked about setting up a conversation with you, Rob, Courtney, and Josh Peck (and maybe others — defer to you) around mis/dis info.

I'll let you two take it from here ask Clarke will know best who to invite. She's terrific.

Many thanks,
Ben

+++
Ben Wakana
Deputy Director for Strategic Communications and Engagement
White House COVID Response Team
202-881-7835

DEFENDANTS' EXHIBIT 61:

HHS.gov

U.S. Department of Health & Human Services

Office of the Surgeon General

[HHS](#) > [Surgeon General Home](#) > About the Office of the Surgeon General

About the Office of the Surgeon General

As the Nation's Doctor, the Surgeon General provides Americans with the best scientific information available on how to improve their health and reduce their risk of illness and injury.

The Surgeon General brings the best available scientific information to the public by issuing Surgeon General's Advisories, Calls to Action, and Reports on critical issues and communicating directly with the public via a number of communication channels.

As Vice Admiral of the U.S. Public Health Service Commissioned Corps, the Surgeon General oversees the operations of the [U.S. Public Health Service Commissioned Corps \(USPHS\)](https://www.usphs.gov/), an elite group of over 6,000 uniformed officers working throughout the federal government whose mission is to protect, promote, and advance the health of our nation.

The Surgeon General is nominated by the President of the United States and confirmed by the U.S. Senate, and serves a four-year term of office. The Office of the Surgeon General is part of the [Office of the Assistant Secretary for Health](#), in the U.S. Department of Health and Human Services.

The Surgeon General is [Vice Admiral Vivek H. Murthy, MD, MBA](#).

Mission

[\(/surgeongeneral/about/mission/index.html\)](#)

As the Nation's Doctor, the Surgeon General is charged with protecting and improving the health and safety of the American people.

Leadership

[\(/surgeongeneral/about/leadership/index.html\)](#)

The Surgeon General translates his vision for a healthy America by motivating and guiding public health officials on urgent public problems such as the opioid and e-cigarette epidemics.

History

(/surgeongeneral/about/history/index.html)

The Surgeon General has been the nation's leading spokesperson on matters of public health since 1871. Learn more about the current and past surgeon generals.

Newsroom

(/surgeongeneral/news/index.html)

Read the latest news, reports, and advisories from the Surgeon General.

Careers

(/surgeongeneral/careers/index.html)

Explore career opportunities and be part of the team that works alongside the U.S. Surgeon General.

Contact Us

(/surgeongeneral/contact-us/index.html)

Find out where to address inquiries to the Surgeon General and arrange for him to speak at your event.

OSG Headquarters

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Washington, D.C. 20201
E-mail: surgeongeneral@hhs.gov
Phone: 202-401-7529
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DEFENDANTS' EXHIBIT 62:

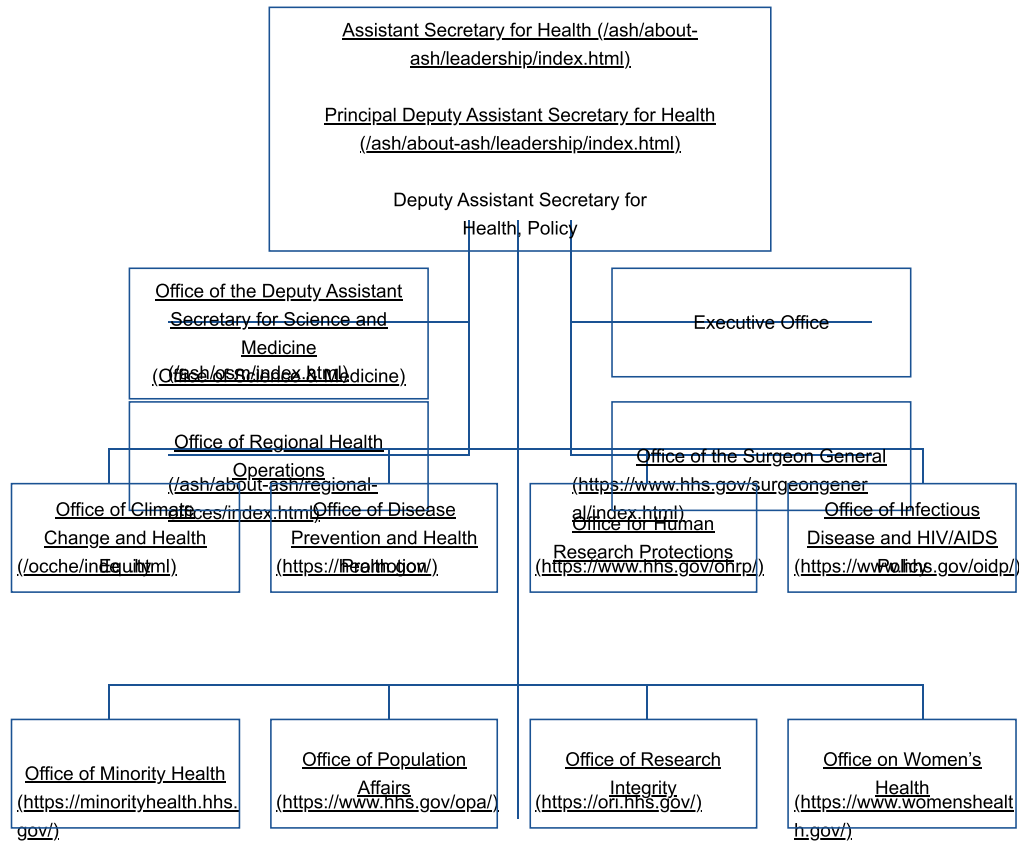
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U.S. Department of Health & Human Services

Office of the Assistant Secretary for Health

HHS > [ASH Home](#) > [About ASH](#) > OASH Organizational Chart

Office of the Assistant Secretary for Health Organizational Chart



ASH Headquarters

Office of the Assistant Secretary for Health
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Room 715-G
Washington, D.C. 20201

DEFENDANTS' EXHIBIT 63:

**IN THE UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF LOUISIANA**

**The State of Missouri and the State of
Louisiana,**

Plaintiffs,

v.

**President Joseph R. Biden, Jr., in his
official capacity as President of the United
States of America,**

et. al.,

Defendants.

Civil Action No. 22-cv-1213

DECLARATION OF MAX LESKO

I, Max Lesko, declare the following, based on my personal knowledge, information acquired by me in the course of performing my official duties, and information contained in the records of the Office of the Surgeon General (“OSG”):

1. I have served as the Chief of Staff in OSG since February of 2021. In that capacity, I work closely with the Surgeon General, Vivek H. Murthy, following his confirmation in March 2021, and provide strategic oversight to OSG to help it perform its mission.

2. The Surgeon General’s mission—and by extension, the mission of OSG—is to protect, promote, and advance the health and safety of the United States. The Surgeon General serves as the “Nation’s Doctor” and leads the United States Public Health Service Commissioned Corps, a uniformed services of approximately 6,000 public health service officers servicing the most underserved and vulnerable populations.

3. OSG achieves its mission by communicating the best available scientific information to the public, raising awareness about health threats, stimulating action nationwide on public health issues, and developing strategies for advancing public health science. OSG does not have regulatory or enforcement authority. Rather, it seeks to address public health challenges by using its bully pulpit—the Surgeon General’s visibility as the Nation’s Doctor—to promote awareness and dialogue across various sectors of society, including government, business, law enforcement, researchers, health professionals, community leaders, and the broader public.

4. One way that OSG promotes improving public health and raises awareness about public health issues is by issuing a Surgeon General’s Advisory. These are public statements that call the American people’s attention to a public health issue and provide recommendations for how that issue should be addressed. OSG has been issuing Advisories and similar publications (such as Surgeon General’s Reports and Surgeon General’s Calls to Action) for decades—including, for instance, the landmark 1964 report on the harms of smoking.

5. In OSG’s view, one urgent health issue is health misinformation. Health misinformation causes confusion and sows mistrust of public health institutions; it leads people to decline effective treatments, seek out unproven treatments, and otherwise reject public health measures. It can lead to threats and harassment of our nation’s healthcare workers. While the problem of health misinformation has become particularly acute in recent years—and especially at the height of the COVID-19 pandemic, when vaccine misinformation was pervasive—it is not a novel phenomenon. For example, in the early 2000s, AIDS denialism in South Africa reduced access to effective treatment and contributed to hundreds of thousands of deaths.

6. Thus, in the face of an historic pandemic responsible for the death of over one million Americans, addressing health misinformation became a priority for Surgeon General Murthy

upon entering office in March 2021, during the height of the COVID-19 pandemic. In July 2021, OSG issued an Advisory entitled “Confronting Health Misinformation: The U.S. Surgeon General’s Advisory on Building a Healthy Information Environment.” In November 2021, OSG released a Community Toolkit for healthcare professionals, teachers, faith leaders, and other individuals to use to take action to address health misinformation. The toolkit consisted of resources for individuals to understand, identify, and slow the spread of misinformation in their communities. In March 2022, OSG published a voluntary Request for Information (“RFI”) in the Federal Register entitled “Impact of Health Misinformation in the Digital Information Environment in the United States Throughout the COVID-19 Pandemic.” Responses to the RFI were purely voluntary. The RFI was an effort to deepen our collective understanding of the sources and impact of health misinformation, in order to inform our nation’s approach to future public health crises; in April 2023, OSG published the RFI submissions it received, with certain PII removed.

7. The July 2021 Advisory called for a whole-of-society approach to addressing health misinformation. It contained recommendations for what educators, health professionals, researchers, the media, technology platforms, and others could do to address health misinformation. OSG had courtesy calls with some social media companies (as well as other stakeholders) around the announcement of the Advisory, but the recommendations to technology platforms were in no way binding on those platforms—or any group discussed in the Advisory, for that matter—and were not intended to constitute a threat or coercion. Dr. Murthy’s goal was to raise public awareness about a critical public health issue, which we did.

8. To the best of my knowledge, at no point during Dr. Murthy’s tenure as Surgeon General has Dr. Murthy or OSG: (i) communicated with a social media company to direct that a specific

post or user be removed, suppressed, demonetized, or subject to other adverse action; (ii) threatened a social media company with legal action for failure to comply with recommendations or requests from Dr. Murthy or OSG, whether in the Advisory, the RFI, or elsewhere; (iii) made a specific, non-voluntary demand that a particular social media company change its algorithms or content-moderation policies. I have confirmed my understanding with the Surgeon General.

9. In connection with the RFI, from during its issuance in March 2022 to on or around the May 2022 deadline for the voluntary submission of comments, OSG received communications from social media companies concerning (i) confirmation of the receipt of the RFI and communications that OSG sent to the companies to notify them of the RFI and encourage them to submit responses; (ii) logistics and the deadline for submissions; and (iii) the companies' intention to submit responses. To the best of my knowledge, no one in OSG met with social media companies to discuss the content of their submissions or otherwise had substantive communications with social media companies about the RFI.

10. OSG does not currently anticipate issuing any further publications, reports, or other formal documents concerning health misinformation. As discussed, the Surgeon General's goal was to raise awareness about this critical public health issue, and he has done so through the Advisory, toolkit, and the RFI. Since publishing the health misinformation Advisory, OSG has sought to raise awareness about other priority public health issues, including health worker burnout, workplace well-being, and youth mental health. As with these other priorities, the Surgeon General, and other OSG staff, will continue to spread the message of its past work on health misinformation through public engagement—media interviews, conference presentations, and the like.

11. To the best of my knowledge, neither Dr. Murthy nor anyone else within OSG is currently engaged in private, direct communications with social media companies about ways to address health misinformation. Given my role as Chief of Staff, and my internal inquiries related to this litigation, if such communications were occurring, it is highly likely I would be aware of those communications.

12. OSG's response to Common Interrogatory Number 4 in Defendants' Second Amended Combined Objections and Responses to Plaintiffs' First Set of Expedited Preliminary-Injunction Interrogatories, dated December 19, 2022, reflects to the best of my knowledge all the meetings concerning health misinformation between OSG personnel and personnel from Facebook, Instagram, Twitter, LinkedIn, or YouTube, during the time that Dr. Murthy has served as Surgeon General.

13. I am aware of a July 2021 article in the *New York Times* that states:

Since January, senior White House officials, including the surgeon general, Dr. Vivek Murthy, have been in talks with the social media company to stop the spread of false stories about vaccination side effects and other harms. Despite repeated requests by the White House, Facebook has not shared even basic data on how much vaccine misinformation exists and if the company's efforts to stop its spread are working, according to the person familiar with the talks. When administration officials presented data from CrowdTangle, a content tracking tool owned by Facebook, that showed vaccine misinformation was soaring, company officials dismissed its accuracy. In another meeting with Dr. Murthy, officials at Facebook noted that it had tried to get "influencers" with big audiences to promote vaccination, as an apparent push against misinformation, the person familiar with the meetings said. Dr. Murthy angrily said that while the company promoted its efforts to encourage vaccination, it did not do enough to defend against bad information. In one tense meeting in the late spring, according to the person familiar with the matter, a Facebook official responded defensively, "How do you know if your efforts are working?"

It is not clear what meeting(s) the article is referring to, or whether the article even refers to meetings that included Dr. Murthy (it is ambiguous and confusingly written). Dr. Murthy was only confirmed as Surgeon General in March 2021. While I am aware that Dr. Murthy attended

at least one group call with employees from social media companies during the transition of presidential administrations—prior to his serving as Surgeon General—I am not aware of any meeting that involved Dr. Murthy “angrily” stating anything. There is no meeting before July 19, 2021 (the last date the article was updated), that satisfies both the condition that (i) it involved Dr. Murthy and Facebook employees; *and* the condition that (ii) it could be characterized as “tense,” “defensive[.]” or “angr[y].” I have confirmed my understanding with the Surgeon General. To the extent the article can be read to suggest otherwise, it is wrong.

14. The Virality Project was a coalition of research entities studying mis- and disinformation related to COVID-19. To the best of OSG’s knowledge, the Virality Project is not currently active.

15. Dr. Murthy spoke at an event hosted by the Stanford Internet Observatory in July 2021 (and OSG helped coordinate that event) in connection with the rollout of the Advisory; OSG did not understand it to be a Virality Project event.

16. OSG never provided any tip, flag, ticket, report, or other form of notification or input to the Virality Project concerning posts or accounts on social media. And to the best of OSG’s knowledge, it does not currently have any contact with the Virality Project.

17. Kyla Fullenwider has been an employee of OSG since October 2021. Before that, she worked with OSG on a volunteer basis, through an organization called U.S. Digital Response, beginning in approximately May 2021.

18. I am aware that plaintiffs in this action have asked for the following relief:

The Court should enter a preliminary injunction preventing Defendants, and their agents, officers, employees, contractors and all those acting in concert with them, from taking any steps to demand, urge, encourage, pressure, coerce, deceive, collude with, or otherwise induce any social-media company or platform for online speech, or any employee, officer, or agent of any such company or platform, to censor, suppress, remove, de-platform, suspend, shadow-ban, de-boost, deamplify,

issue strikes against, restrict access to, demonetize, or take any similar adverse action against any speaker, content, or viewpoint expressed on social media. The Court should also preliminarily enjoin Defendants from acting in concert with any others, including but not limited to persons and entities associated with the Center for Internet Security, the Election Integrity Partnership, and the Virality Project, to engage in the aforementioned conduct, and from acting in concert with any such others who are engaged in any of the aforementioned conduct.

19. Such an injunction, if granted, could have a significant negative impact in limiting the core mission of OSG to support the public health of the nation, given the injunction's ambiguous and overbroad scope. Throughout the past decades, our nation's health has been strengthened by the Surgeon General's communication about public health issues. Many public health issues that have historically been championed by the Surgeon General—such as the harms of advertising tobacco to children, or addiction prevention—inherently involve discouraging certain public-health-related messages, either implicitly or explicitly. It is far from clear whether, and to what extent, the Surgeon General would be precluded under the proposed injunction from using his bully pulpit to speak or write on a wide range of issues, if not all of them.

20. For example, would the Surgeon General violate the injunction by stating publicly that social media companies should label online advertisements for cigarettes and alcohol in order to discourage youth addiction—does that constitute a “step[]” to “encourage” a “social-media company” to “suppress, ... deamplify, ... or take [] similar adverse action against” “content” “on social media”? Would the Surgeon General violate the injunction if he expressed public support for social media companies taking action on suicide prevention, including by curtailing features that feed suicide-promoting content to persons struggling with suicidal ideation? Or by raising concerns about the prevalence of weight loss information being targeted to young people? Does that constitute “pressur[ing]” or “otherwise induc[ing]” social media companies to “suppress, remove, ... restrict access to, ... or take [] similar adverse action against” a “speaker” or

“content” “on social media”? And if the Surgeon General makes a media appearance and speaks about the adverse impact of social media use on youth mental health, it is far from clear whether that activity could be construed as “encouraging” social media companies to “restrict access to” “content.” In short, OSG anticipates it will be extremely difficult to determine whether contemplated actions or speech would or would not fall within the bounds of the injunction proposed by plaintiffs, if granted.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct to the best of my knowledge.

Executed on this 28 day of April, 2023, in Washington D.C.,

Max Lesko

MAX LESKO
Chief of Staff
Office of the Surgeon General

DEFENDANTS' EXHIBIT 64:

HHS.gov

U.S. Department of Health & Human Services

Office of the Surgeon General

[HHS](#) > [Surgeon General Home](#) > [About](#) > Mission of the Office of the Surgeon General

Mission of the Office of the Surgeon General

The mission of the U.S. Surgeon General is to protect, promote, and advance the health and safety of our nation. As the nation's doctor and a leader of the U.S. Public Health Service Commissioned Corps

(https://en.wikipedia.org/wiki/United_States_Public_Health_Service_Commissioned_Corps), the Surgeon General achieves this mission by:

- Communicating the best available scientific information to the public, to reach individuals where they live, work, and play
- Leveraging government, business, law enforcement, and community resources to address important public health issues such as the opioid and e-cigarette epidemics
- Raising awareness about health threats to the readiness and resiliency of our military communities
- Stimulating action nationwide on public health issues by delivering programs on public health promotion and disease prevention
- Developing strategies for advancing public health science
- Providing leadership and excellence in public health practices

OSG Headquarters

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DEFENDANTS' EXHIBIT 65:



CISA CYBERSECURITY ADVISORY COMMITTEE

CISA CYBERSECURITY ADVISORY COMMITTEE DECEMBER 10, 2021, MEETING SUMMARY

OPEN SESSION

Call to Order and Opening Remarks

Ms. Megan Tsuyi, Cybersecurity and Infrastructure Security Agency (CISA) Cybersecurity Advisory Committee Designated Federal Officer, called the meeting to order. She provided a short summary of the *Federal Advisory Committee Act* rules governing the meeting and then turned the meeting over to the Honorable Jen Easterly, Director, CISA.

Director Easterly welcomed the attendees and introduced the Committee's new Chair, Mr. Tom Fanning, Southern Company, and Vice Chair, Mr. Ron Green, Mastercard. Mr. Fanning and Mr. Green then gave brief opening remarks. Mr. Fanning noted that it is both a moment of strategic risk and a moment of strategic opportunity for the United States and emphasized the need for the private sector and the government to work together to protect the Nation's interests. Mr. Ron Green added that the Committee creates an opportunity for a closer partnership between the private sector, industry, and academia.

Director Easterly then welcomed the Honorable John K. Tien, Deputy Secretary, Department of Homeland Security (DHS), to provide a keynote address.

Keynote Address

Deputy Secretary Tien applauded the diversity of viewpoints on the Committee and noted the importance of sharing wisdom, expertise, and insight from each area represented. He expressed his hope that the Committee will be able to help identify the gaps and vulnerabilities the United States currently faces and also provide solutions. He said that DHS is eager to hear the Committee's recommendations and that the members should challenge Director Easterly and all of DHS to take action on addressing the Nation's cybersecurity issues.

Director Easterly thanked Deputy Secretary Tien and introduced the Honorable Chris Inglis, National Cyber Director, to provide remarks.

Fortifying the Nation's Cybersecurity Posture

Director Inglis opened by stating that the United States needs to take the offensive in cyberspace and reframe what is believed to be possible and appropriate in terms of improving the resilience of the Nation's digital infrastructure. He added that, to address the current cyber threats, Government and industry need to do more than share information. He said that the Nation has an opportunity to develop a collective defense across Government, industry, and academia so that any attacker has to defeat the combined capabilities of all three adding that he is pleased with the work that CISA is doing in this regard. He charged the group to be proactive in showing that each member has something to add to the collaboration.

CISA's Big Challenges and Issues Tasking

Director Easterly stated that CISA has two important roles: 1) be the operational lead for federal cybersecurity; and 2) be the National Coordinator for Critical Infrastructure, Resilience and Security. She said that, of the two, she wants to focus on the critical infrastructure piece because the vast majority of critical infrastructure is

owned and operated by the private sector. To do this, she wants the Committee to provide input on how to move CISA from a focus on public-private partnerships to true operational collaboration.

Director Easterly noted that there are three efforts at CISA that she is particularly excited about. The first is the Joint Cyber Defense Collaborative (JCDC), which brings together the private sector along with the full power of Federal law enforcement, the Defense Department, and the Intelligence Community to address the cybersecurity threat in a proactive manner. The second effort is the CISA Cybersecurity Advisory Committee, which brings together strategic thinkers with a huge amount of expertise and experience and has the potential to magnify CISA's work collaboration and innovation and service to the nation. The third effort is the ongoing process of reshaping CISA's workforce through the Cyber Talent Management System.

Mr. Eric Goldstein, Assistant Director for Cybersecurity, CISA, discussed the need for greater visibility into the nation's critical infrastructure, noting that access to that information would allow CISA and other agencies to quickly develop actionable measures and actionable guidance that network defenders across the country can use to protect themselves before more intrusions occur. He emphasized that CISA cannot do this alone, and so the JCDC is building platforms where analysts from CISA as well as partners from Government and the private sector, potentially including cybersecurity companies, can work together to identify and collectively address threats across all of the networks they have visibility into.

Mr. Goldstein said that CISA plays a critical role in finding and fixing vulnerabilities, but that the only long-term solution is for the technology industry to adopt a more security-focused culture. He concluded by posing several questions to the Committee on how to address these issues: How can CISA shift the culture of technology more toward a security-focused model? How can CISA ensure that security features are easier to use and on by default? How can CISA and industry minimize the consequences of the use of technology in national critical functions?

Ms. Kiersten Todt, Chief of Staff, CISA, discussed CISA's efforts to build a strong cyber workforce, and how CISA can facilitate and drive that process. She noted that the agency is working to build relationships with non-traditional and underserved communities through partnerships with NPower, Girls Who Code, and the Cyber Warrior Foundation. Ms. Todt added that cyber is an interdisciplinary issue and the cyber workforce needs the skills of not just mathematicians, engineers and scientists, but also sociologists, psychologists, historians, politicians, and economists.

Director Easterly then turned to the first planned focus areas for the CISA Cybersecurity Advisory Committee: ***Transforming the Cyber Workforce***. She asked the members to provide their input. Ms. Lori Beer, JPMorgan Chase, said that employee retention is just as critical as creating a pipeline for entry level talent. She suggested that the Agency find a way to work with industry to provide corridors for employees to move back and forth between Government and industry. Ms. Nicole Wong, NWong Strategies, said two issues that stop candidates from working for the Government is its hierarchical nature and slow delivery process. She said this can frustrate cybersecurity specialists who are used to working with their company's leadership and moving fast to implement new ideas and solutions. Mr. Green said that MasterCard has a Cyber Talent Initiative that has MasterCard employees take positions in Government agencies for two-year terms to develop skills and knowledge that MasterCard cannot provide. He said this might be a model CISA could leverage. Mr. Ted Schlein, Kleiner Perkins Caufield & Byers, added that student loan relief would also be a big incentive to get candidates to join CISA and stay with the agency.

Director Easterly then moved to the topic ***Turning the Corner on Cyber Hygiene*** and asked Mr. George Stathakopoulos to give his thoughts. Mr. Stathakopoulos stated that it's almost impossible to ensure security across an entire supply chain as many small suppliers simply don't have the resources to address the issue. He said that, especially for small businesses, CISA needs to create a step-by-step guide to ensure these companies can provide at least the minimum level of security. Mr. Bobby Chesney, University of Texas, added that providing tax breaks to companies that work to improve cyber best-practices would also help. Ms. Suzanne Spaulding, Center for Strategic and International Studies, said that a long-term strategy would need to be education. Specifically, teaching civics so that children learn at a young age how their actions will impact others. Ms. Nicole Perlroth, Cybersecurity Journalist, added that using storytelling to explain how using multi-factor authentication

could have prevented major cyber-attacks could prove useful in this regard. Mr. Alex Stamos, Krebs Stamos Group, said that cloud providers should be required to include security features in their most basic sales packages. He noted that charging an additional fee to enable security creates a disincentive for customers to adopt these features. Mr. Green noted that mandates alone will not work, and that people need to be able to see the value of improving security. He suggested creating a cyber scorecard to grade companies on the cyber hygiene.

Director Easterly then asked Mr. Jeff Moss, DEF CON Communications, to discuss the topic of ***Igniting the Hacker Community***. Mr. Moss said that internet problems are global problems and addressing them will require global participation and a community response. He added that CISA should work to redefine the language around cybersecurity to make it clear how mutually beneficial it is. Mr. Moss noted health language works really well: If you're fighting against cancer, you're not fighting only for America. You're fighting against a global problem. He said that kind of inclusive language would get a lot more traction from the academic community. He added that hackers and academics need to provide an easy means for Government and policymakers to talk to them and receive feedback. Ms. Perlroth added that action is also important. She said it's important for CISA to think about its initial partnerships and ask: "Can CISA partner with the civil society community? Can CISA's efforts primarily support human rights defenders?" Ms. Marene Allison, Johnson & Johnson, noted that the Food and Drug Administration's process for working with the research community by creating a means for an open dialogue might provide CISA a model. Mr. Chris DeRusha, U.S. Chief Information Security Officer, Office of Management and Budget, added that CISA should consider reaching out to small groups like the Cyber Civilian Corps. Ms. Easterly said she would create a Technical Advisory Council as a subcommittee to address these issues.

On the topic of ***Protecting Critical Infrastructure from Misinformation & Disinformation***, Dr. Kate Starbird, University of Washington, noted that the level of disinformation being spread across information systems has been increasing dramatically in recent years. She noted that it was used in 2020 to undermine the U.S. election system and that it has also made it difficult for Governments to address crisis events like the COVID-19 pandemic. She said that the solution to addressing this is to teach people to care about whether what they're sharing is true or false. Mr. Chesney noted that it might be very difficult to get people to unlearn bad behavior like that as, after a while, it becomes an entrenched cognitive bias. He suggested that working with the various social media platforms to address the problem might be the best approach. Mr. Stamos and Ms. Allison noted that Government agencies are very bad at using their authority and platforms to push back against disinformation. Ms. Allison suggested that CISA create a playbook for agencies to use in responding to the spread of disinformation.

Director Easterly then turned to the topic of ***Building Resilience & Reducing Systemic Risk to Critical Infrastructure***. Mr. Fanning stated that one of the biggest impediments to industry and Government working together to address systemic risk is identifying the truly critical elements in critical infrastructure. He said CISA can help develop solutions, but that industry will need to take the lead in working with the Government to address the problem. Mr. Fanning noted that there are a number of models that CISA and industry could build on, such as the Analysis and Resilience Center for Systemic Risk developed by the Finance and Energy sectors. He closed by stating that, because industry controls the vast majority of critical infrastructure in the United States, the end goal should be for the Government to provide industry the tools to defend themselves.

Director Easterly recommended the following subcommittee assignments:

- **Transforming the Cyber Workforce**
 - Mr. Green, Mastercard (Lead)
 - Ms. Lori Beer, JPMorgan Chase
 - Ms. Nicole Perlroth, Cybersecurity Journalist
 - Dr. Pat Gallagher, University of Pittsburgh
 - Ms. Nicole Wong, NWong Strategies
 - Ms. Kiersten Todt, CISA

- **Turning the Corner on Cyber Hygiene**
 - Mr. George Stathakopoulos, Apple (Lead)
 - Mr. Steve Schmidt, AWS
 - Ms. Chris Young, Microsoft
 - Mr. Alex Stamos, Krebs Stamos Group
 - Mr. Ted Schlein, Kleiner Perkins
 - Ms. Nuala O'Connor, Walmart
 - Mr. Eric Goldstein, CISA
- **Igniting the Hacker Community (Technical Advisory Council)**
 - Mr. Jeff Moss, DEF Con Communications (Lead)
 - Mr. Kevin Mandia, Mandiant
 - Ms. Wong
 - Mr. Goldstein
 - Mr. Chris DeRusha, NCD/OMB
- **Protecting Critical Infrastructure from Misinformation & Disinformation**
 - Dr. Kate Starbird, University of Washington (Lead)
 - Ms. Suzanne Spaulding, Center for Strategic & International Studies
 - Mr. Matthew Prince, Cloudflare
 - Ms. Alicia Tate-Nadeau, State of Illinois
 - Ms. Vijaya Gadde, Twitter
 - Ms. Kim Wyman, CISA
 - Mr. Geoff Hale, CISA
- **Building Resilience & Reducing Systemic Risk to Critical Infrastructure**
 - Mr. Fanning (Lead)
 - Ms. Marene Allison, Johnson & Johnson
 - Mr. Bobby Chesney, University of Texas
 - Ms. Beer
 - Mr. Bob Kolasky, CISA
- **Strategic Communications**
 - Ms. Howe, Tenable (Chair)
 - Mayor Steve Adler, City of Austin
 - Mr. Schlein
 - Ms. Perlroth
 - Ms. Jen Easterly, CISA
 - Ms. Todt

Public Comment Period

Mr. Patrick Gaul, National Technology Security Coalition, provided the following comment for the record:

Good afternoon. This is Patrick Gaul. And as the Executive Director of the National Technology Security Coalition or the NTSC, the organization that spearheaded the creation of the Advisory Committee, and very proud and excited to see it operational. I'm eager to see the Advisory Committee demonstrate its value to Director Easterly, CISA, and the nation. I'm also proud that NTSC board members Marene Allison and Ron Green, are members of the Advisory Committee. Marene and Ron are preeminent in the field and I know their contributions will be vital. I'd also like to congratulate JPMorgan Chase and Microsoft, for their membership on the Advisory Committee, as they both have a board presence with the NTSC as well. As the only national organization representing the Chief Information Security Officer or CISO, we are eager to make our voices heard. CISOs work hard every day on the front lines, to combat cyber threats and maintain our collective national security. I believe there's no one who understands

cybersecurity better than those that practice it every day and who are also in the front of implementing national policy and regulatory requirements. In most large companies today the CISO role has become a member of the C-suite and the member trusted to protect the interests of the company and the customers. We look forward to watching the committee engage the cyber challenges ahead of us. We also sincerely hope, as the committee expands, more CISOs will have an opportunity to serve. And of course, the NTSC stands ready to support the committee. Thank you for allowing me to speak.

Closing Remarks and Adjournment

Director Easterly thanked the Committee members and other meeting participants for their input during the meeting. She also thanked the CISA and MITRE teams for supporting the meeting. She then gave each member an opportunity to ask any final questions. The Committee's Chair, Mr. Fanning, and Vice Chair, Mr. Green, both provided closing remarks noting that the Committee was off to a great start and that they looked forward to working on the issues discussed during the meeting. Director Inglis also thanked the Director and the participants, adding that he believed the Committee can make a serious dent in addressing the Nation's cybersecurity threats. Director Easterly adjourned the meeting.

APPENDIX

OPEN SESSION PARTICIPANT LIST

CSAC Members

Mr. Steve Adler	City of Austin, Texas
Ms. Marene Allison	Johnson & Johnson
Ms. Lori Beer	JPMorgan Chase
Mr. Robert Chesney	University of Texas
Mr. Thomas Fanning	Southern Company
Mr. Ron Green	Mastercard
Ms. Niloofar Razi Howe	Tenable
Mr. Kevin Mandia	Mandiant
Mr. Jeff Moss	DEF CON Communications
Ms. Nuala O'Connor	Walmart
Ms. Nicole Perlroth	Cybersecurity Journalist
Mr. Ted Schlein	Kleiner Perkins Caufield & Byers
Mr. Stephen Schmidt	Amazon Web Services
Ms. Suzanne Spaulding	Center for Strategic and International Studies
Mr. Alex Stamos	Krebs Stamos Group
Dr. Kate Starbird	University of Washington
Mr. George Stathakopoulos	Apple
Ms. Alicia Tate-Nadeau	Illinois Emergency Management Agency
Ms. Nicole Wong	NWong Strategies

Organization

Government Participants

The Hon. Jen Easterly	Cybersecurity and Infrastructure Security Agency (CISA)
The Hon. Chris Inglis	Office of the National Cyber Director (ONCD)
The Hon. John K. Tien	Department of Homeland Security (DHS)
Ms. Alaina Clark	CISA
Mr. Chris DeRusha	Office of Management and Budget
Ms. Osasu Dorsey	ONCD
Ms. Victoria Dillon	CISA
Mr. Jonathan Dunn	CISA
Mr. Eric Goldstein	CISA
Mr. Robert Kolasky	CISA
Mr. Brent Logan	CISA
Mr. Jason Mayer	DHS
Ms. Kaitlin Seale	CISA
Mr. Mark Stidd	CISA
Ms. Kiersten Todt	CISA
Ms. Megan Tsuyi	CISA
Ms. Kim Wyman	CISA

Organization

Other Attendees

Mr. Steve King

Contractor Support

Ms. Laura Karnas
 Mr. Barry Skidmore
 Ms. Quynh Tran
 Ms. Jennifer Peters

Dial-In Participants

Mr. Payton Alexander
 Mr. Lee Allen
 Ms. Denise Anderson
 Ms. Elizabeth Andrion
 Mr. Billy Anglin
 Ms. Felicia Archer
 Ms. Mariam Baksh
 Ms. Christina Berger
 Mr. Musadiq Bidar
 Mr. Christopher Bidwell
 Mr. Calvin Biesecker
 Ms. Ashley Billings
 Mr. Charles Blackmore
 Mr. Peter Bloniarz
 Mr. Per Brekke
 Ms. Cynthia Brumfield
 Mr. Brandon Buchanan
 Ms. Mary Byrd
 Ms. Courtney Callejas
 Ms. Genevieve Carnes
 Mr. Christopher Castelli
 Mr. Michael Chandarlis
 Ms. Alicia Chavy
 Ms. Lodrina Cherne
 Ms. Ruth Clemens
 Mr. George Coleman
 Ms. Kathryn Condello
 Ms. Audrey Connors
 Mr. Justin Cooksey
 Ms. Bria Cousins
 Ms. Ann Cutler
 Ms. Jumoke Dada
 Mr. Raymond Decerchio

Organization

MITRE

Organization

Booz Allen Hamilton
 Insight
 Insight
 Nexight Group

Organization

Wiley Rein LLP
 TSA
 Health ISAC
 Charter Communications
 Sylint
 TSA
 Nextgov
 CISA SED
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 Office of Governor New York
 Embassy of Norway
 CSO Online
 American Bus Association
 TSA
 US House of Representatives
 Association of American Railroads
 Booz Allen Hamilton
 TSA
 Beacon Global Strategies
 Cybereason
 CISA
 TSA
 Lumen
 Charter Communications
 Department of Energy
 CNBC
 CISA
 R Street Institute
 FAA

Dial-In Participants

Ms. Grace Dille
 Mr. Cameron Dixon
 Mr. Justin Doubleday
 Ms. Nzinga Dyson
 Mr. Obum Egolum
 Ms. Sharon Eshelman
 Ms. Katie Ewers
 Mr. Derrick Fail
 Ms. Michelle Feldstein
 Mr. Erik Fredrickson
 Ms. Sara Freidman
 Ms. Vijaya Gadde
 Mr. Rory Gallagher
 Mr. Michael Garcia
 Mr. Patrick Gaul
 Mr. Gregory Gavins
 Ms. Olivia Gazis
 Mr. Eric Geller
 Ms. Heather Gerard
 Ms. Leah Glaccum
 Ms. Tara Hairston
 Ms. Judith Harroun Lord
 Mr. Juan Hayes
 Ms. Katie Hazlett
 Mr. Andrew Hildick Smith
 Mr. Maurice Ed Hudson
 Mr. Michael Jacobs
 Mr. Eamon Javers
 Mr. Bob Joachim
 Mr. Lamar Johnson
 Mr. Derek Johnson
 Ms. Anne Johnson
 Ms. Jillian Joyce
 Mr. Albert Kammler
 Ms. Michealann Krause
 Ms. Norma Krayem
 Mr. Pradeep Kumar
 Mr. Jason Lamote
 Ms. Laura Laybourn
 Ms. Christina Lee
 Mr. Mark Lemmond

Organization

Meri Talk
 CISA
 Federal News Network
 Lewis Burke Associates LLC
 Capital One Financial
 Lewisburke Associates
 McKesson Corporation
 NOAA
 CISA OSPP
 Alaska Communications
 Inside Cybersecurity
 Twitter
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 Senate Homeland Security and Governmental Affairs
 National Technology Security Coalition
 Senate Homeland Security and Governmental Affairs
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 Water ISAC
 CISA CSD
 TSA
 CNBC
 House Committee on Appropriations
 MeriTalk
 SC Media
 CISA CSD Contractor
 Committee on Homeland Security
 Van Scoyoc Associates
 Check Point Software Technologies
 Van Scoyoc Associates
 Tata Consultancy Services
 DHS Office of Legislative
 CISA NRMCC
 Beacon Global Strategies
 US Department of Energy

Dial-In Participants

Mr. Harry Lesser
 Mr. Devin Lynch
 Mr. Rafi Martina
 Ms. Tina Martinez
 Mr. Scott McConnell
 Mr. George McElwee
 Mr. Tim McGiff
 Mr. Michael McWilliams
 Ms. Ceydi Mendoza
 Ms. Maggie Miller
 Ms. Celinda Moening
 Ms. Valerie Mongello
 Mr. Drew Morin
 Ms. Stacy O'Mara
 Mr. James Orgill
 Ms. Cheri Pascoe
 Ms. Andrea Peterson
 Ms. Nancy Pomerleau
 Mr. Matthew Prince
 Mr. Donald Andy Purdy
 Ms. Kayla Renner
 Mr. Chris Riotta
 Mr. Michael Rosado
 Mr. Chris Rose
 Mr. Edward Rothgery
 Mr. Michael Ryan
 Ms. Farida Salama
 Ms. Geneva Sands
 Mr. Fred Schwien
 Mr. Tony Sibert
 Mr. Eric Snyderman
 Ms. Janet St. John
 Ms. Donna Steward
 Mr. Peter Su
 Mr. David Sucherman
 Mr. James Tollerson
 Mr. Costis Toregas
 Mr. Wesley Trimble
 Ms. Kimberly Underwood
 Mr. Christian Vasquez
 Mr. Joe Viens

Organization

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 SecurityScorecard
 Senate Select Committee on Intelligence
 CISA SED
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 Commonwealth Strategic Partner
 Venable LLP
 Defense Innovation Board
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 FCW
 Syntelligen Analytic Solutions
 CISA
 NSA
 US Coast Guard
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 CosmGroup LLC
 CISA CSD
 Assoc of American Railroads
 Hi Trust Alliance
 Senate Homeland Security and Governmental Affairs
 CNBC
 Norfolk Southern
 Montgomery County MD and GW U
 Commonwealth Strategic Partner
 AFCEA International
 E&E News
 Charter Communications

Dial-In Participants

Ms. Andrea Vittorio
Ms. Bridgette Walsh
Mr. Jonathan Walton
Mr. Michael Widomski
Mr. David Wood
Ms. Orlie Natalie Yaniv
Mr. Darnell Young
Ms. Bridget Zamperini

Organization

Bloomberg News
Financial Services ISAC
TSA
CISA
CISA
Gigamon
TSA
Federal Transit Administration

CERTIFICATION

I hereby certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.

Tom Fanning (approved on 18 December 2021)

Mr. Tom Fanning
CISA Cybersecurity Advisory Committee Chair

DEFENDANTS' EXHIBIT 66:

[HHS](#) > [Surgeon General Home](#) > [Reports and Publications](#) > [Addiction and Substance Misuse](#) > U.S. Surgeon General's Advisory on Naloxone and Opioid Overdose

U.S. Surgeon General's Advisory on Naloxone and Opioid Overdose

*I, Surgeon General of the United States Public Health Service, VADM Jerome Adams, am emphasizing the importance of the overdose-reversing drug naloxone. For patients currently taking high doses of opioids as prescribed for pain, individuals misusing prescription opioids, individuals using illicit opioids such as heroin or fentanyl, health care practitioners, family and friends of people who have an opioid use disorder, and community members who come into contact with people at risk for opioid overdose, **knowing how to use naloxone and keeping it within reach can save a life.***

BE PREPARED. GET NALOXONE. SAVE A LIFE.



The Opioid Epidemic

Over the past 15 years, individuals, families, and communities across our Nation have been tragically affected by the opioid epidemic, with the number of overdose deaths from prescription and illicit opioids doubling from 21,089 in 2010 to 42,249 in 2016.¹[\(fn1\)](#) This steep increase is attributed to the rapid proliferation of illicitly made fentanyl and other highly potent synthetic opioids. These highly potent opioids are being mixed with heroin, sold alone as super-potent heroin, pressed into counterfeit tablets to look like commonly misused prescription opioids or sedatives (e.g., Xanax), and being mixed (often unknowingly) with other illicit drugs like cocaine or methamphetamine. The resulting unpredictability in illegal drug products is dramatically increasing the risk of a fatal overdose. Another contributing factor to the rise in opioid overdose deaths is an increasing number of individuals receiving higher doses of prescription opioids for long-term management of chronic pain. Even when taking their pain medications as prescribed, these patients are at increased risk of accidental overdose as well as drug-alcohol or drug-drug interactions with sedating medications, such as benzodiazepines (anxiety or sleep medications).

The Overdose-Reversing Drug Naloxone

Naloxone is an opioid antagonist that is used to temporarily reverse the effects of an opioid overdose, namely slowed or stopped breathing. Expanding the awareness and availability of this medication is a key part of the public health response to the opioid epidemic. Naloxone is a safe antidote to a suspected overdose and, when given in time, can save a life. Research shows that when naloxone and overdose education are available to community members, overdose deaths decrease in those communities.²[\(fn2\)](#)

Therefore, increasing the availability and targeted distribution of naloxone is a critical component of our efforts to reduce opioid-related overdose deaths and, when combined with the availability of effective treatment, to ending the opioid epidemic. In most states, people who are or who know someone at risk for opioid overdose can go to a pharmacy or community-based program, to get trained on naloxone administration, and receive naloxone by “standing order,” i.e., without a patient-specific prescription.³(#fn3)

The Centers for Disease Control and Prevention advises health care providers to consider offering naloxone to individuals when factors that increase risk for overdose or concurrent benzodiazepine use are present.⁴(#fn4) Furthermore, most states have laws designed to protect health care professionals for prescribing and dispensing naloxone from civil and criminal liabilities as well as Good Samaritan laws to protect people who administer naloxone or call for help during an opioid overdose emergency.³(#fn3)⁵(#fn5)

Naloxone is increasingly being used by police officers, emergency medical technicians, and non-emergency first responders to reverse opioid overdoses. There are two FDA-approved naloxone products (<https://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm472923.htm>), for community use that are available by prescription, but too few community members are aware of the important role they can play to save lives.

If you or someone you know meets any of the following criteria, there is elevated risk for an opioid overdose.

- Misusing prescription opioids (like oxycodone) or using heroin or illicit synthetic opioids (like fentanyl or carfentanil).
- Having an opioid use disorder, especially those completing opioid detoxification or being discharged from treatment that does not include ongoing use of methadone, buprenorphine, or naltrexone.
- Being recently discharged from emergency medical care following an opioid overdose.
- Being recently released from incarceration with a history of opioid misuse or opioid use disorder.

It should be noted that, in addition to the above patient populations, patients taking opioids as prescribed for long-term management of chronic pain, especially those with higher doses of prescription opioids or those taking prescription opioids along with alcohol or other sedating medications, such as benzodiazepines (anxiety or insomnia medications), are also at elevated risk for an overdose.

Information for Patients and the Public

- **You have an important role to play in addressing this public health crisis.**
- Talk with your doctor or pharmacist about obtaining naloxone.⁶(#fn6)
- Learn the signs of opioid overdose, like pinpoint pupils, slowed breathing, or loss of consciousness.⁷

(#fn7)

- Get trained to administer naloxone in the case of a suspected emergency.⁸(#ftn8)
- If you have an opioid use disorder, effective treatment is available. Research shows a combination of medication, counseling, and behavioral therapy can help people achieve long-term recovery. Call SAMHSA's National Helpline 1-800-662-HELP (4357) or go to <https://www.findtreatment.samhsa.gov/>
(<https://www.findtreatment.samhsa.gov/>)

- **Naloxone may be covered by your insurance or available at low or no cost to you.**⁹(#ftn9)

Information for Prescribers, Substance Use Disorder Treatment Providers, and Pharmacists

- **You have an important role to play in addressing this public health crisis.**
- Learn how to identify patients at high risk for overdose.⁸(#ftn8)
- Follow the CDC Guideline for Prescribing Opioids for Chronic Pain. (<https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1er.htm>)⁴
(#ftn4)
- Utilize your state's prescription drug monitoring program (PDMP).
- Find out if your state permits pharmacists to prescribe naloxone independently, or dispense naloxone under a standing order or collaborative practice agreement.
- Prescribe or dispense naloxone to individuals who are at elevated risk for opioid overdose and to their friends and family.
- **Naloxone may be covered by insurance or available at low or no cost to your patients.**⁹(#ftn9)

BE PREPARED. GET NALOXONE. SAVE A LIFE.

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9. National Institute on Drug Abuse. Opioid Overdose Reversal with Naloxone (Narcan, Evzio). January 2018, Available at <https://www.drugabuse.gov/related-topics/opioid-overdosereversal-naloxone-narcan-evzio>. (<https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio>)

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DEFENDANTS' EXHIBIT 67:

HHS.gov

U.S. Department of Health & Human Services

Coronavirus

[HHS](#) > [Coronavirus](#) > COVID-19 Public Health Emergency (PHE)

COVID-19 Public Health Emergency (PHE)

Based on current COVID-19 trends, the Department of Health and Human Services (HHS) is planning for the federal Public Health Emergency (PHE) for COVID-19, declared under Section 319 of the Public Health Service (PHS) Act, to expire at the end of the day on May 11, 2023. Our response to the spread of SARS-CoV-2, the virus that causes COVID-19, remains a public health priority, but thanks to the administration's whole-of-government approach to combatting the virus, we are in a better place in our response than we were three years ago, and we can transition away from the emergency phase.

Over the last two years, the Biden Administration has effectively implemented the largest adult vaccination program in U.S. history, with nearly 270 million Americans receiving at least one shot of a COVID-19 vaccine.

We have come to this point in our fight against the virus because of our historic investments and our efforts to mitigate its worst impacts. Addressing COVID-19 remains a significant public health priority for the Administration, and over the next few months we will transition our COVID-19 policies, as well as the current flexibilities enabled by the COVID-19 emergency declarations, into improving standards of care for patients. We will work closely with partners, including state, local, tribal, and territorial agencies, industry, and advocates, to ensure an orderly transition.

Resources

[April 26, 2023 CMS Fact Sheet: What Do I Need to Know? CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency - PDF](https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf) (<https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf>),

[April 26, 2023 CMS Frequently Asked Questions on CMS Waivers, Flexibilities, and the End of the COVID-19 PHE - PDF](https://www.cms.gov/files/document/frequently-asked-questions-cms-waivers-flexibilities-and-end-covid-19-public-health-emergency.pdf) (<https://www.cms.gov/files/document/frequently-asked-questions-cms-waivers-flexibilities-and-end-covid-19-public-health-emergency.pdf>),

[April 18, 2023 Fact Sheet: HHS Announces 'HHS Bridge Access Program For COVID-19 Vaccines and Treatments' to Maintain Access to COVID-19 Care for the Uninsured](https://www.hhs.gov/about/news/2023/04/18/fact-sheet-hhs-announces-hhs-bridge-access-program-covid-19-vaccines-treatments-maintain-access-covid-19-care-uninsured.html) ([/about/news/2023/04/18/fact-sheet-hhs-announces-hhs-bridge-access-program-covid-19-vaccines-treatments-maintain-access-covid-19-care-uninsured.html](https://www.hhs.gov/about/news/2023/04/18/fact-sheet-hhs-announces-hhs-bridge-access-program-covid-19-vaccines-treatments-maintain-access-covid-19-care-uninsured.html))

April 14, 2023 Fact Sheet: HHS Announces Intent to Amend the Declaration Under the PREP Act for Medical Countermeasures Against COVID-19 ([/about/news/2023/04/14/factsheet-hhs-announces-amend-declaration-prep-act-medical-countermeasures-against-covid19.html](https://www.hhs.gov/about/news/2023/04/14/factsheet-hhs-announces-amend-declaration-prep-act-medical-countermeasures-against-covid19.html))

April 14, 2023 HHS Secretary Xavier Becerra Letter to U.S. Governors on Intent to Amend the Public Readiness and Emergency Preparedness Act (PREP Act) ([/about/news/2023/04/14/letter-us-governors-hhs-secretary-xavier-becerra-renewing-covid-19-public-health-emergency.html](https://www.hhs.gov/about/news/2023/04/14/letter-us-governors-hhs-secretary-xavier-becerra-renewing-covid-19-public-health-emergency.html))

March 7, 2023 Letter to U.S. governors from HHS Secretary Xavier Becerra thanking governors for your efforts over the last three years during the coronavirus disease 2019 (covid-19) pandemic ([/about/news/2023/03/07/letter-to-us-governors-from-hhs-secretary-xavier-becerra-thanking-governors-for-efforts-over-the-last-three-years.html](https://www.hhs.gov/about/news/2023/03/07/letter-to-us-governors-from-hhs-secretary-xavier-becerra-thanking-governors-for-efforts-over-the-last-three-years.html))

February 27, 2023 CMS Fact Sheet: CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency (<https://www.cms.gov/newsroom/fact-sheets/cms-waivers-flexibilities-and-transition-forward-covid-19-public-health-emergency>)

February 9, 2023 Fact Sheet: COVID-19 Public Health Emergency Transition Roadmap (<https://www.hhs.gov/about/news/2023/02/09/fact-sheet-covid-19-public-health-emergency-transition-roadmap.html>)

February 9, 2023 HHS Secretary Xavier Becerra Letter to U.S. Governors on the End of the COVID PHE (<https://www.hhs.gov/about/news/2023/02/09/letter-us-governors-hhs-secretary-xavier-becerra-renewing-covid-19-public-health-emergency.html>)

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DEFENDANTS' EXHIBIT 68:



Photograph by Getty Images

WELLNESS

Surgeon General Dr. Vivek Murthy Sees Polarization as a Public Health Issue

Dr. Murthy has a holistic approach to healing—but is our country ready to receive it?

BY CLAY SKIPPER

March 11, 2022

As Surgeon General of the United States, serving previously under Barack Obama and currently under President Biden, Dr. Vivek Murthy has had to navigate a host of public health emergencies: Ebola, Zika, the opioid epidemic, the Flint water crisis, and now, of course, the pandemic. Yet throughout both of his terms, Dr. Murthy—who is still just 44—has presented not the hardened exterior of someone worn down by catastrophe, but the measured, sympathetic bedside manner of a doctor deeply concerned with his holistic approach to our country's well-being. He has spoken out about the **mental health crisis** among young people; he wrote a book titled *Together: The Healing Power of Human Connection in a Sometimes Lonely World*; and on a **podcast episode** last December, he recited the first five lines of a Mary Oliver poem from memory before asking how we can “tip the scales in the world away from fear and toward love.” Those expansive ideas about wellbeing have signaled a refreshingly modern approach to the office of surgeon general, but they are coming at a time when our nation remains as divided as ever on fundamental issues of physical health. How can we move our country toward a deeper understanding of wellness when we can't even agree on masks, vaccines, and whether the coronavirus is real? We called up Dr. Murthy to ask.

GQ: A couple of things have come up again and again in podcasts you've done. One is this idea that as much as we can, we should try to go away from fear and toward love. I was struck by how spiritual that sounds. Do you consider yourself a spiritual person, and if so, how do you see that spirituality informing your role in overseeing our country's public health?

Dr. Vivek Murthy: Spirituality is very important to me. At the heart of it is a feeling that we are all deeply connected to one another because we all have the spark of the divine within us. I grew

up in a family that was originally from India. In India, the way that people traditionally greet you is with their hands together. My mother said that when you do that, you're saluting the divinity within another person. I went into medicine because I saw it as an opportunity to serve people of many different backgrounds, all of whom have that spark of divinity within them.

When the President asked [if I would return as Surgeon General] after he was elected president, it was not something that I had planned. I didn't think I was going to come back to government, certainly not that quickly. But it felt like an opportunity to be a part of a process of healing for our country. I wanted to be able to tell our children in the future when they read about this COVID crisis in the history books that we did everything we could, that we were blessed with, to serve.

But, for me, this is bigger than COVID. It was recognizing that, as a country, we have struggled with certain challenges that predated COVID, whether that's racism, economic inequality, growing polarization that so many people feel in their communities and even in their own families. We've also struggled with the feeling of being told that we're not enough, whether that's the message our kids receive on social media or through traditional media. We look at a world that tells us that we don't belong somehow. All of those wounds—those millions of paper cuts, if you will—have left many people in our country, in a place where they don't feel as whole as they want to feel, where they don't often feel like they're able to be the best version of themselves, where they feel like they're not always able to show up for their families and their communities in the way they want to.

What I wanted us to think about is, what can we do about that together? To truly heal, we have to reconnect with one another. For many of us, even though we are surrounded physically and online by many people, we've grown isolated, the quality of our relationships is diminished in many cases. That's why you see an extraordinarily high percentage of people who say that they feel lonely and isolated on surveys. Some of the highest rates of loneliness are presenting in young people.

So that question of "How do we rebuild connection and community at a time where we have seen that fundamental underpinning of society deteriorate over the last several decades?"—that's a question I wanted to grapple with. Because I see human connection as a powerful and essential source of healing for all of us.

Have you found any answers? Because, to your point, it feels like we're at a time where a lot of our country is profoundly disconnected.

People, across age groups and across the political spectrum, recognize that we need to more deeply connect with one another. They don't necessarily always know how or where to start. But

there's an unusually broad level of agreement in the country that we need to do something to strengthen our ties to one another. That's been a positive affirmation. The second thing I found is that to do this and do this well, it has to start with individuals examining their own lives. That's not to say there's not a role for policy and for institutional practice—there's a huge role there. But fundamentally we're talking not just about changing policy and institutional practice when it comes to supporting human connection. We're talking about making our implicit values more explicit.

If you ask 100 people, "What's the most important thing in your life?" 99—if not all 100—would name a person or a group of people. That value, which we hold implicitly, is challenged in the modern world. The modern world tells us, "Clay, to be truly happy, you need to get an extraordinary job. You need to have an amazing title. You need to make a lot of money. You got to make a big name for yourself." That's how you're going to be successful. It doesn't necessarily tell you, "Clay, if you have a great relationship with your kids, with your parents, with your friends, with your neighbors, if you serve them and you allow them to serve you, then you're going to be successful in life."

As a result, we are pulled between what we know intrinsically in our heart—and, frankly, what thousands of years of evolution have told us: that human connection is essential to survival—and an external world that sends us very different signals. We want to get beyond that tension, and we've got to make a decision in our own lives about how we want to live, about what's truly important to us, what value we want to really guide us. If that's human connection, that means that we may choose to spend our time, attention, and energy differently. It might mean that we make decisions about everything from our weekends to our careers differently in terms of where we live, in terms of how we spend our time.

I'll tell you, very personally for me, I came to the realization that even though I also deeply valued family and friends, I was not living a people-centered life. I was living a work-centered life. During my residency training, where I was faced with life and death every day, I saw patients, including young patients who were my age—I was in my twenties at the time—who had advanced gastric cancer and other terminal illnesses. I was thinking, *That could be me. Am I living my life the way I want to live it right now?* The pandemic was another moment where I realized that.

All of this to say that we really want to build a people-centered society, which is what's at the heart of what we need to do to build a foundation that's strong for our society. That's going to require us to change how we think about our own lives in terms of what's important to us. It's going to require us to design institutions like workplaces and schools to support human connection. And it's going to require us to also examine our policies in local, state, and federal government to ask

how we can better support our understanding of human connection and invest in strengthening communities across America.

I want to ask about that idea of building the foundation. You've talked about how your job is not just policy. It's also about culture and values and identity. The culture is a huge part of creating that strong foundation, right? That's the set of shared beliefs that we all hold. It seems to me like those beliefs have shifted in a way that might make your job especially complicated. For instance, I think we have long held the belief, collectively, that we trust our government to tell us the truth about public health. It feels like a large part of our country doesn't feel that way now. How do you think about setting the agenda on public health in an environment like that?

I actually do think we still retain a lot of shared beliefs and values. We want to be connected to community. We want to be close to people. We want to take care of our loved ones, especially our children. One of the challenges is that our shared values have become buried under an avalanche of issues that divide us, such that we lost sight of what we actually do hold in common. As a result, I think we've become less effective at advancing those common values. For example, even though we want to all take care of our kids, make sure they're healthy and strong, we've become so divided that sometimes we can't move forward public policies that would actually advance the health and wellbeing of our children and open doors of opportunity to them.

So you're right that culture is a big piece of this. When it comes to public health, especially during a crisis like COVID, your ability to communicate with the public is so much of not just the job, but part of what makes for an effective or ineffective response. The division that we have, in our country, and people's erosion of trust—not just in government, but in large institutions across the board—has presented a real challenge. Trust can be also undermined by misinformation. One of the things that we have seen that we have never seen before, is this spread of misinformation at a speed, sophistication, and scale that, frankly, few people thought possible 10, 15 years ago.

This makes it really tough, because if there's a piece of inaccurate information online, and a friend has shared it with the best of intentions, but turns out it's false, and then a public health authority, or your doctor, gives you a piece of advice that's contradictory to that, you're in a quandary. Who do I trust? Do I trust that public health authority or my doctor, or do I trust my friend who shared this with me? People are having to make many decisions like that each day, because they're bombarded with so much information and they don't always have the time or the resources to figure out what's accurate, or to go to a source that's really credible, or to sometimes even know what a credible source is.

To rebuild that trust, we have to start locally. I've been working very closely with local doctors, nurses, teachers, and other community leaders because they still have a great deal of trust with the people they serve in local communities. And when they go out and communicate with the public—whether it's about the importance of getting tested for COVID, what symptoms people should look out for, or why people should get vaccinated—that does a lot to help people understand whatever the truth is.

When they hear that echoed by their state government, their local public health agency, by the CDC and other agencies, they start to see that we're all talking with one voice and sharing scientific data. Even though trust has perhaps eroded in large institutions, people still do trust individuals who are around them. That's why I think the role that those individuals now play in public health has actually become extraordinarily important, more so than even 10 years ago.

What would you like to see a company like Spotify do in the case of someone like Joe Rogan, who has a huge platform, reaching a reported 11 million people per episode, and is sometimes having guests on who offer up COVID misinformation?

I believe we all have a responsibility to do everything we can to reduce the spread of misinformation. We all have different abilities, different platforms. So if you are a parent and you have kids who listen to you, then you have a responsibility to help ensure that they have access to accurate information. If you're a manager at an office and you've got people who listen to you and are looking to you for information about workplace health policies, you've got to make sure you give them information-designed policies that are based on solid scientific evidence.

Whether you have one million followers on social media, or you've got 10 followers, we all have platforms and people in our lives who trust us. That means we all have to be responsible about how we speak about science and about health, particularly when it comes to COVID. That's at the heart of this. If you're running a platform, whether it's a Spotify or another social media platform, you've got to think about, how do I create a healthy information environment here? How do I create rules and a culture that promotes accurate information? How do I have honest conversations, even though they are with individuals who may be spreading misinformation? I want to divorce actions from intentions here, because I think that's very important. Sometimes people assume because somebody is spreading misinformation that they're willfully trying to harm other people. And I think often that's not the case. When you have a friend who posts something on social media and it's completely inaccurate, a lot of times they're posting because they think they're helping their friends. They think, "This is concerning. I want my friends and family to know about it. Let me push this out." But I do think a platform has the ability, the

opportunity, and the responsibility to create rules and a culture that supports the dissemination of accurate information and that reduces the spread of misinformation.

This is different from censorship. This debate often can go down the pathway of, do you support censorship or not? To me, that misses the mark. In America, we believe in certain rights. One of those is free speech. The rights that we support and honor and cherish in America are one of the many reasons that my parents and generations of immigrants came to this country. But we also live in a society. That means we need common rules for the common good. We have speed limits on the road because we know that sometimes if you drive too fast, that can have an impact on somebody else's health and wellbeing. If we're going to live together in a society, we've got to take steps and observe certain rules to help protect other people. That's true here as well. Platforms have an opportunity to help shape that environment in their own way. We all do. That's our responsibility at a time like this.

That gets at what I think is one of the central tensions of your job and government's job: How do you balance liberty with systems of protection?

One of the things that worries me about the world we are currently living in is that it's become so easy to be mean and spiteful toward one another. It's become so easy to condemn people before we even understand what their intentions are. We judge so quickly, we forgive too slowly. What we have to do if we truly want to heal, not just from the pandemic, but from so much of the trauma people have experienced over recent years, so much of the polarization that we've encountered, is we have to reexamine whether we're truly living the values that we want to live, whether we're truly living the values that we teach every day to our kids: kindness matters and how we treat other people matters; that our relationships with one another are one of the most important gifts that we have in our lives, and it's important to cherish those and to prioritize those. That's what we're being asked to reexamine right now.

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My worry, Clay, is that if we don't engage in an active conversation about how we want to design our lives going forward, we will fall back to where we were pre-pandemic. Not that that was a terrible place to be. There were a lot of great things about where we were pre-pandemic. But we were struggling with deep division and polarization. We were struggling with high rates of loneliness and isolation. We had incredibly high rates of depression and anxiety across the population. To me, these were products of not having access to mental healthcare, and challenges in terms of institutions that didn't necessarily support or build a culture of community and connection. But they're also reflective of the fact that in some ways we've allowed those powerful people-centered values to get buried under everything else that's happening in the modern world. We've allowed ourselves to forget about how important our relationship is to one another.

If we want to rebuild as a society, we have to look at our foundation. Our foundation is based on our relationships with one another. If we can strengthen the fabric of society by strengthening relationships and families and neighborhoods and communities across America, that's how we become a healthier, happier, and more resilient country. That's good for preparing us for the next pandemic, but it's also good for our overall health and wellbeing. That's what I really care about.

This interview has been edited and condensed.

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#RFBREAKTHROUGH/

Building Public Health's Defense Against Disinformation

The Covid-19 pandemic has proven that access to accurate, timely and actionable information is a matter of life and death. Mis- and disinformation has blocked too many people's opportunity to get vaccinated, as well as public health's ability to reach them.

But what really *is* this disinformation threat? What questions still need answering before we can truly combat it?

In our next #RFBreaththrough moderated by Bruce Gellin, MD, MPH, Chief of Global Public Health Strategy at The Rockefeller Foundation, we will hear from Dr. Vivek H. Murthy, US Surgeon General; Anna Harvey, Ph.D., President of the Social Science Research Council; Claire Wardle, Ph.D., Founder of First Draft; and Sergio Cecchini, Infodemic Management Officer, WHO Regional Office for Africa. They will discuss:

- the cost of mis- and disinformation on public health,
- its uneven impact on vulnerable populations worldwide, and
- new, emerging resources for a better and healthier information environment, including social science research generated by The Mercury Project and a new request for public participation on the topic from the Office of the Surgeon General.

This session was broadcasted on February 14th at 12:30pm EST live across The Rockefeller Foundation's social media pages ([Twitter](#), [Facebook](#), [LinkedIn](#) and [YouTube](#)).

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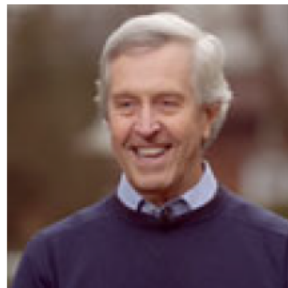
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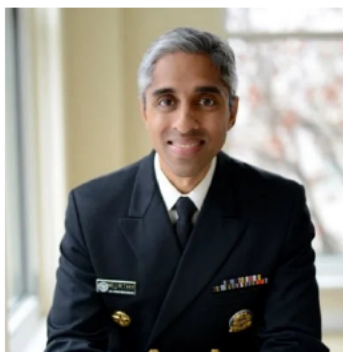
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Dr. Bruce Gellin

Chief of Global Public Health Strategy, Health Initiative, The Rockefeller Foundation

Panelists:



Dr. Vivek H. Murthy

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